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ABSTRACT

The publication provides some broad guidelines for serving impaired, disabled, and handicapped children in nonspecialized or regular day and residential camps. Part One on the rationale and basis for integrated camping includes three chapters which cover mainstreaming and the normalization principle, the continuum of services (or Cascade System) for inconvenienced individuals, and the rights and responsibilities of campers. Practical approaches to integrated camping are the focus of Part Two, with chapters on the following topics (sample subtopics are in parentheses): philosophical considerations (values and goals of integrated camping); matching camps and campers (recruiting campers and assessment of readiness for an integrated camping experience); facilitating adjustment to an integrated camp (parent's role, orientation of camp personnel, grouping campers, and the group experience); adapting activities (active games and sports and specific activity adaptations); and administrative concerns (the facility, staff requirements, insurance and protection, and evaluation procedures). Also provided are descriptions of audiovisual and additional printed materials. Bibliographies are given for most of the chapters in the document. Appendixes include a list of organizations and publications concerned with inconvenienced individuals, guidelines for obtaining information through the home interview and from professionals, a brief paper on evaluation, and reprints of seven articles on camping programs and recreation for handicapped children. (SBH)

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INVOLVING IMPAIRED, DISABLED, AND HANDICAPPED PERSONS IN REGULAR CAMP PROGRAMS

August 1976

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ACKNOWLEDGEMENTS

During the last several years a great deal of attention has been given to integrating impaired, disabled, and handicapped children into regular school programs and activities. Emphasis has also been given to activities in which adults with various impairments or disabilities could take part with their friends and neighbors. Recent legislation and litigation have reenforced application of least restrictive alternatives and most normal settings feasible to promote maximum growth, optimal development, and greatest happiness of impaired, disabled, and handicapped persons. While camping and outdoor education programs have not been explicit in any of these decisions or mandates, they are implicitly included.

However, as the history of recreation and activity programs is reviewed, it is interesting to note that some of the first and most successful efforts at integrating individuals with various physical or mental conditions with their peers were through camping and outdoor programs. Some of these programs have been in existence for over forty years. While some innovative and imaginative individuals have been responsible for these forward and progressive steps, far too many other camps and outdoor programs have been dominated by tradition and convention. This is ironic in that the single best predictor of an individual's ability to function safely, successfully, and with personal satisfaction in integrated situations is felt to be ways an individual gets along in recreational and play situations.

Procedures discussed in this publication are not intended or designed to eliminate special camps and outdoor activities specifically for impaired, disabled, and handicapped persons. However, large numbers of individuals, regardless of type or severity of their conditions, can benefit from and need to take part in camp and outdoor programs and activities with their classmates and friends. For some of these individuals a special camp can become a springboard to regular camps; many others need only opportunities to be asked to come to a regular camp. Continuum of services is presented as the key to meeting individual needs.

This publication provides more than theory and rationale. It contains practical and functional methods and techniques that work. Emphasis is upon teamwork and cooperation among everyone concerned for and involved in providing the very best opportunities for these children--parents, camp administrators, and camp directors, counselors at all levels, volunteers, and to the campers themselves. However, readers who only look at the specific approaches and techniques miss the real message of this publication. Key to success in these programs is attitude--attitudes of all persons involved. Instead of rationalizing why integrated camping won't work, after reading this publication readers should have positive attitudes and thoughts along with many reasons that this approach will and can work and must be pursued vigorously. Specific sections deal with what, why, when, who, where, and how of opportunities in which impaired, disabled, and handicapped campers participate with their able-bodied peers. Other sections contain information about resources, including printed materials and audiovisual items for specific kinds of assistance. Supportive information about mainstreaming or integration as applied to camps and outdoor programs is included to assist readers with background rationale of the concept.

This publication was developed by staff of Physical Education and Recreation for the Handicapped: Information and Research Utilization Center (IRUC), based in part on a manuscript by Mrs. Doreen Kronick (Toronto, Ontario, Canada). Mrs. Kronick prepared the original manuscript as a project for the AAHPER Unit on Programs for the Handicapped several years ago, gathering general and specific information and locating necessary resources. We greatly appreciate her willingness to share knowledge and experience, as well as the many contributions of countless other individuals who responded to early draft materials and submitted reactions to the practicality and feasibility of widespread integrated camping.

Julian U. Stein, Director, IRUC
Consultant, Programs for the
Handicapped

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FOREWORD

Impaired, disabled and handicapped children are no longer being hidden at home or institutionalized to the extent that they were in the past. While differences of opinion exist, current emphasis is upon creating environments and settings whereby these children can function to the maximum degree possible as integral and contributing members of society at large. Children who are less obviously different, whose exceptionalities might have been undetected in the past, or who merely would have been labeled, *temperamental, late bloomer, lazy, dreamer,* or *spoiled* now are likely to be categorized as: *disturbed, moderately mentally retarded, slow learner,* or *learning disabled.* Many children whose medical conditions were untreatable a few years ago, now receive services which enable them to join in various activities in which their friends and classmates participate. As a result of these factors, directors of non-specialized or regular camps are receiving requests from an increasing number of parents to enroll their impaired, disabled, and handicapped children in these programs. Many non-specialized or regular camps have impaired, disabled, or handicapped children in their programs; other camps are interested in becoming involved in such an endeavor. To date, there have been few guidelines to assist camp directors in serving children with different needs.

The purpose of this publication is to provide some broad guidelines for serving impaired, disabled, and handicapped persons in non-specialized or regular day and residential camps and to share experiences of some camps and agencies that have participated in such programs. Camp directors, boards, and staff which use this publication should adapt the information so that it can be meaningful to their particular situation. Each will have to select materials that are relevant to the children they serve, their specific conditions, degree of impairment or disability and the children's reaction to their condition.

Information about etiologies, prevalence, characteristics, and care of specific conditions has not been included in this publication. Children are affected differently by specific conditions, and their individual abilities and limitations, personalities and special needs must be recognized. Resources are listed in this publication which will assist camp directors and staff in seeking information about handicapping conditions; however, it is hoped that staff do not limit their expectations of an individual because they *read* what he or she *should* or *cannot* do.

This publication is addressed to staff of camps that are making initial or modest efforts to serve children with special or different needs, as well as to staffs of camps that have put forth extensive effort to integrate large numbers of these children into their programs. As there has been little conclusive research relative to integrating persons into regular camps, no hard and fast rules exist. Successful integration has been achieved in all types of camps--private, community, day, residential, sports, and those with a variety of other orientations. Intake procedures, staffing, physical settings, programs and length of season have varied from camp to camp. Therefore, materials in this publication are intended to familiarize readers with some approaches that have worked and been successful in specific situations and may be applicable for direct or adapted use in other settings and circumstances.

A CLARIFICATION OF TERMS

The terms *impaired, disabled,* and *handicapped* are often used synonymously and interchangeably. Society imposes labels, particularly upon individuals with various physical, mental, emotional, and social conditions. This is a paradox when one considers that we live in an era in which emphasis is on the individual and what he or she can do. The paradox is even more confusing when one realizes that this is *not* the way in which many individuals with various conditions look upon themselves. Recognizing that there are important differences between the terms and among impaired, disabled, and handicapped persons themselves, the terms are differentiated here. Involved professionals must promote appropriate definition, connotation, and exact use of each of these terms with respect for the way individuals with various conditions look upon themselves, not in ways that have been culturally imposed by society and by persons without any of these conditions.

- *Impaired* individuals have identifiable organic or functional conditions; some part of the body is actually missing, a portion of an anatomical structure is gone, or one or more parts of the body do not function properly or adequately. The condition may be permanent, as in the case of amputation, congenital birth defect, cerebral palsy, brain damage, or retrolental fibroplasia. It may be temporary--functional speech defects, some learning disabilities, various emotional problems, certain social maladjustments, or specific movement deficiencies.

- *Disabled* individuals, because of impairments, are limited or restricted in executing some skills, doing specific jobs or tasks, or performing certain activities. Individuals with certain impairments should *not* be automatically excluded from activities because a condition makes it appear that they cannot participate safely, successfully, or with personal satisfaction. Some impaired persons attain high levels of excellence in activities in which they are not supposed to be able to perform or participate; is this success *in spite of* or *because of us*?

- *Handicapped* individuals, because of impairment or disability, are adversely affected psychologically, emotionally, or socially. Handicapped persons reflect an *attitude* of self-pity. Some individuals with impairments and disabilities are handicapped, some severely. Others with severe impairments or disabilities adjust extremely well to their conditions and live happy and productive lives. In their eyes they are not handicapped even though society continues to label them handicapped. Undoubtedly many persons in society with neither an impairment nor a disability are handicapped!

An additional term is perhaps more descriptive than the terms impaired, disabled, and handicapped, and it has been in use for several years and is actually preferred by most individuals with handicapping conditions. This term is *inconvenienced.* Most persons with handicapping conditions regard

themselves as having to live with an inconvenience, major at some times, hardly noticeable at others. This publication hopes to reflect the wide and growing acceptance and usage of the term inconvenienced; therefore, it has been used throughout this publication in place of the terms impaired, disabled, and handicapped.

PART ONE: RATIONALE AND BASIS FOR INTEGRATED CAMPING

MAINSTREAMING AND THE NORMALIZATION PRINCIPLE: AN INTRODUCTION

For many years psychologists, educators, physicians, and other professional personnel felt that inconvenienced children required special and separate schools and special education programs were based on disabilities and categorical generalizations rather than on abilities and personal interests. This attitude was extended to leisure programs as well, including camping. However, labeling a child as *handicapped* or *special* emphasizes deficiences and differences rather than abilities and similarities among all children. Recently, therefore, many of these same professional personnel have been reconsidering categorical approaches and placement of inconvenienced children, regardless of type or severity of their conditions. Questions have been raised about the efficacy of educating these children in total separation from the mainstream of society; concerns have also been expressed about the effectiveness of camping programs based exclusively on specific diagnostic categories or broad generalized conditions.

These new attitudes are indicative of growing acceptance of *normalization* principles and approaches, which were pioneered in the Scandinavian countries in the early and middle 1960's and have been increasingly emphasized in the United States during the 1970's. Basically, normalization as a process emphasizes, regardless of type or degree of condition, that inconvenienced persons participate in a normal life rhythm in which they get up for breakfast, leave home for school, work in sheltered workshops, attend day care centers or other activity facilities, return home after their day, and participate in recreational, community, and social activities according to their interests, needs, and abilities. They live in a bisexual world, in family size groups, and care for their personal needs to the extent they are able. As a result, inconvenienced persons are being given opportunities to live in hostels, group and foster homes and through special provisions in communities, and in apartments; even severely and profoundly mentally retarded and multiple involved live in the community.

Day and residential camps are a part of this process in some geographical areas. In addition to providing opportunities for participants in wholesome out-of-doors activities that are challenging, fun, and appropriate to chronological ages, functional abilities, interests, and past experiences of participants, camping programs can be planned and structured so that inconvenienced persons can be integrated to interact meaningfully with their able-bodied peers.

The term mainstreaming is often used synonymously with the term normalization. Although based on the normalization principle, mainstreaming is only one aspect of normalization. In fact, the concept of mainstreaming as related to normalization is often misunderstood or inappropriately defined. In an effort to resolve this dilemma and provide some direction in planning appropriate programs, the following definition is proposed:*

*Based on materials developed by Dale E. Coons, Department of Counseling and Special Education, University of Akron, Akron, Ohio, 44325.

Mainstreaming refers to the concept of providing appropriate educational services to inconvenienced children, regardless of their level of involvement, in settings as near to traditional educational practice as possible.

This definition can be extended and adapted to include camping programs and outdoor education/recreation opportunities, as well as educational service. *This definition does not--*

- suggest massive return to or placement of all inconvenienced children in regular grades, recreation programs, or camping activities;
- refer to separate settings as equivalent placements;
- mean the end of all self-contained special programs as service vehicles for children.

This definition does suggest--

- a *continuum* of service alternatives appropriate to allow placement of children as individuals not members of categories;
- some system other than the present dichotomy of placement in either regular or special classes, recreation programs, or camping activities;
- a need to integrate all levels of inconvenienced children to the maximum extent possible. Integration may be only in non-academic areas, play areas, lunch areas, or day/residential camping;
- a need for greater understanding of inconvenienced children by all school, recreation, and camp personnel. Emphasis in preservice and/or inservice programs to attain this type of understanding should emphasize ability, potential, and similarities of *all* children, while recognizing the special needs of *each* person so that the individuality of each participant is preserved;
- new roles for educational, recreation, and camp personnel in providing services to inconvenienced individuals. For example, persons who can provide resource and support assistance to regular camp counselors are priority needs in many settings;
- need for administrative acceptance of the concept as a basis for necessary organizational flexibility of programs and coordination of activities to assure implementation in the best interests of *all* children.

Non-Categorical Approach to Involving All Campers

Basic to normalization and mainstreaming is a non-categorical approach in which *each* person is looked upon and approached as an individual. Traditionally, however, inconvenienced individuals have been classified, categorized,

and programed according to specific physical, mental, emotional, or social conditions. Inherent in a categorical approach is the *false assumption* that all persons with the same condition have identical needs, interests, and abilities; they are looked upon as mechanized robots from an assembly line! Failure to recognize the uniqueness of each person negates the concept of individual differences. In fact, many persons find as many differences among people with the same condition as between these individuals as a group and those with other conditions or those with no impairment, disability, or handicap at all. To plan and program for all visually impaired, orthopedically involved, cerebral palsied, or cardiac patients in the same way is no more valid and justified than planning and programing in the same way for all children of the same chronological age, sex, or home state.

A close parallel exists between the false dichotomy of mind and body and the false assumption that all individuals with the same impairment, disability, or handicap fit a standard mold. Differentiation of mind and body and labeling conditions are necessary for discussion purposes, as learning experiences for students, and to develop certain understandings, appreciations, and knowledge. (It also appears that categorical approaches are necessary for funding purposes!) However, when programing for and dealing with real people, the wholeness of the individual and the totality of one's functions and being are obvious; segregating according to isolated parts is at best an academic exercise.

Specifically applied to camping, a non-categorical approach focuses on how an individual functions in various types and levels of programs and activities. All of one's physical, mental, emotional, and social characteristics influence involvement, success, achievement, and satisfactions from camping and outdoor activities. A non-categorical approach deals with real, live, functioning people, not a condition which may or may not affect ability to perform certain movements, skills, or camping activities.

Categories and conditions *per se* should not be the major criterion when grouping for camping and outdoor activities; these are concerns for methods and approaches but not necessarily for grouping. Many inconvenienced youngsters who can participate and compete with their peers are still kept in special programs for these activities. Special programs cannot become one-way streets; every effort must be made to get youngsters back into the mainstream in those things in which they can participate and compete. Three groups should be considered for participants whatever the activity:

Regular groups comprised of individuals who have the ability, confidence, experience, awareness, stability, understanding, interest, and motivation to participate in one or more activities on an integrated basis. This would represent the non-specialized camp which is integrated. Inconvenienced individuals attend the camp with able-bodied youngsters, living in a cabin with others and being integrated to differing extents.

> *Jack, a young man with hemophelia, attended the camps of his choice throughout his camping career. He was not allowed to participate in body contact sports, but accepted roles of referee and scorekeeper. As he reached his teens he chose alternate activities*

to contact sports such as drama and arts and crafts. Over the years Jack's great desire was to join a canoe trip. When Jack was fifteen, the camp director met with his parents, physician, and the camp physician and they examined the risks of Jack going on such a trip. All parties agreed to accept the risk because of Jack's eagerness to have that experience. He didn't carry a knapsack or canoe on the trip. A route was chosen whereby the counselor was always accessible to a telephone or Forest Ranger. Sea plane service was accessible to get Jack if a problem arose. Fortunately, the canoe trip progressed without incident and was as fulfilling as Jack had anticipated.

Intermediate or half-way groups made up of persons who have the potential for regular group participation but for the present are lacking some element which will eventually enable them to participate successfully, safely, and with personal satisfaction. This would represent the special unit in a non-specialized camp, where the entire group consists of persons with handicapping conditions. Some activities are separate from the rest of the camp, and others are conducted together. A special unit can serve as a transitional step between specialized and non-specialized camping for a child who cannot yet cope with physical, emotional, and social demands of a non-handicapped group. It affords campers additional orientation, facilities, and time they might need, while allowing them to take advantage of the comprehensive facilities of a non-specialized camp. Semi-integrated camping can provide children with opportunities to have experiences and develop friendships both with able-bodied and inconvenienced children, with less stress than in the totally integrated camp. Some children will be able to graduate from the special unit without the additional adjustment of changing camps. Unless care is taken, a special unit can defeat some of the objectives of integrated camping. For example, directors might be tempted to keep a child in the special unit after he or she is ready to join the able-bodied group, since it is easier to plan for and handle a special placement.

Special groups for individuals who need long-range opportunities and experiences in special, sheltered, segregated programs because of the severity and complexity of their conditions. The specialized camp provides this sheltered environment. The staff-camper ratio at a specialized camp may be greater than that of camps serving the non-handicapped. Generally, some of the staff have special training in and are particularly knowledgeable about the handicaps and individuals being served.

The specialized camp strives to teach an inconvenienced child to handle as many needs as possible. The goal of many such camps is to help the child come to terms with his/her handicap, master self-care skills, and gain a greater degree of independence, all of which can contribute to readiness to cope with a non-specialized camp, classroom and play group. Many mild to moderately inconvenienced children never require a specialized camping experience.

Ed attended a camp for learning disabled children for two summers. Initially, he was uncoordinated, fought often with his fellow campers, sought a great deal of adult attention, and rarely

maintained interest in an activity for more than a couple of minutes. The physical therapy program at the camp helped Ed develop coordination. As he became proficient in a number of camp skills, Ed's attention seeking behavior decreased and his attention span increased. The camp stressed the building of acceptable social skills. Consequently, Ed acquired a couple of close friends for the first time in his life and related more acceptably to all his cabinmates. At age eleven, he enrolled in a non-specialized camp attended by several of his friends and made a good adjustment.

Rick was depressed about the sudden limitations he experienced in movement and speech at age nine as a result of a brain tumor. A summer spent at a camp for orthopedically impaired children enabled him to acquire a more realistic picture of his current abilities and to develop an interest in a number of skills such as painting and checkers, not involving the use of his weak left side. Since his condition was progressive, placement at a non-specialized camp was not considered advisable.

Within this framework youngsters are guided and placed in situations in which they can compete and participate. Physical, motor, camping, and outdoor activities are not considered as entities but in terms of each specific area so that an individual who is outstanding in one area but weak in another is programed according to specific abilities, limitations, and needs. The major criterion for placement in camping or outdoor activities is not one's physical, mental, emotional, or social deficiency but the individual's total ability to function in activities of immediate concern. Sufficient flexibility to individualize activities, methods, and procedures is a fundamental organizational consideration and administrative responsibility in non-categorical programing.

Bibliography

1. Aiello, Barbara, editor. Making It Work: Practical Ideas for Integrating Exceptional Children into Regular Classes. Reston, Virginia: Council for Exceptional Children (1920 Association Drive, 22091), 1975. 112 pp.

   Intended for special education and regular teachers, the guide contains brief articles on the nature of mainstreaming handicapped children; mainstreaming models at the preschool, elementary school, and secondary school levels; specific suggestions for setting up mainstreaming programs, and interviews with five persons involved in mainstream education. Definitions, specific programs, and readings providing practical information on setting up mainstreaming programs are included.

2. Birch, Jack W. Hearing Impaired Children in the Mainstream. Minneapolis, Minnesota: Leadership Training Institute/Special Education, University of Minnesota, 1975. 106 pp. Available from Council for Exceptional Children, 1920 Association Drive, Reston, Virginia, 22091.

This book is intended to provide teachers, supervisors, and administrators with practical ideas and methods that have been used successfully by educators who have hearing impaired children in their classes. To this end, chapters deal with such basic considerations as terminology and the influence of hearing impairment on education of children and youth. Other chapters concern characteristics and principles of successful mainstreaming, with specific suggestions for teachers and administrators. Fourteen programs in different settings illustrative of mainstreaming hearing impaired children are detailed.

3. Dunn, John M. Mainstreaming: An Overview. Paper presented at American Alliance for Health, Physical Education, and Recreation National Convention, Atlantic City, New Jersey, 1975. 12 pp. Available from IRUC in xerox form, $1.20.

This paper focuses on three current concerns: the meaning of the term mainstreaming, the rationale for mainstreaming, and the implications of mainstreaming for physical education. Mainstreaming is discussed in terms of where the handicapped child should be educated in relation to the normal child, how each child should be placed in terms of functioning ability, and number of personnel required to educate children with various functioning abilities. Despite the fact that little has been written in this area, mainstreaming has definite implications for physical educators. A few of these implications are discussed in the paper.

4. Gorelick, Molly C. Changing Attitudinal Barriers Toward Integrating Children with Handicaps. Speech given at Therapeutics Council Meeting, Association for Research, Administration and Professional Councils and Societies, AAHPER National Convention (Milwaukee, Wisconsin), April 2-3, 1976. 29 pp. Available in xerox form form IRUC, $2.90.

With America's Bicentennial in mind, Gorelick examines humanistic advances that have been made in the United States over the past 200 years. She particularly focuses on attitudes toward handicapped persons and the elimination of "handicapism" through desegregation, integration, mainstreaming, and normalization. The program at California State University (Northridge) to train personnel to work in regular nursery schools with disabled and non-disabled children is used as an example of the process of attitude change in teachers and administrators. Studies of attitudes toward handicapped children are reviewed.

5. Hobbs, Nicholas, Project Director. The Futures of Children: Categories, Labels and Their Consequences. Report of the Project on Classification of Exceptional Children. Nashville, Tennessee: Vanderbilt University, September 1974. 309 pp.

This book presents nearly 50 recommendations from the work of 31 task forces on current classification procedures and their implications. It shows what must be done to guarantee millions of children real opportunities for growth and learning, to ensure them services they need, and to give them constructive experiences in schools,

hospitals, the courts, their own homes and communities. A plan for classifying children according to the services they need rather than the capabilities they lack is advocated along with a framework for integrating all children's services. The author spells out what should be done, who should be responsible, how much it will cost, and how long it will take to get the job done.

6. Mann, Philip H., editor. Mainstream Special Education: Issues and Perspectives in Urban Centers. (Proceedings of the University of Miami Conference on Special Education in the Great Cities.) Reston, Virginia: Council for Exceptional Children, n.d. 166 pp.

Discussions of the Miami Conference on Special Education in the Great Cities centered around three issues: the right to an education for all exceptional children, training needs of regular educators, and the three "D" problems: decategorization, declassification, and desegregation. An overview of varied projects involving state and local education agencies and their cooperative activities with local universities was presented. University programs in teacher training were discussed, and a technical assistance system that will enable service and training to be provided to a broader range of individuals within the educational arena was described.

7. Michaux, Louis Arthur. The Physically Handicapped and the Community: Some Challenging Breakthroughs. Springfield, Illinois: Charles C. Thomas (301-327 E. Lawrence Avenue), 1970. 122 pp.

This book was written to assist disabled and nondisabled persons in working together as a community. For nondisabled readers, the author, who has cerebral palsy, offers insights into the attitudes and feelings of disabled persons. For disabled readers, the author offers ways in which disabled people can live meaningfully in terms of attitudes, adaptive equipment, and the development of relationships. Ways that the community in general and the church in particular can help disabled people get into the mainstream of life are discussed at length. Appendices include resources for adaptive equipment, education, housing, and legislation.

8. Minnesota Education. Volume 2 (No. 2): Spring 1976, entire issue. Proceedings from the July 1975 Deans' Project Conference on Mainstreaming. Minneapolis, Minnesota: College of Education, University of Minnesota (104 Burton Hall, 55455), 1976. 79 pp.

The purpose of the July 1975 Deans' Project Conference at the University of Minnesota was to consider the roots of mainstreaming and their implications for preparation of school personnel. This issue of Minnesota Education presents seven conference papers and discussions.

9. Nyquist, Ewald B. Mainstreaming: Idea and Actuality. Albany, New York: The University of the State of New York, The State Education Department (55 Elk Street, 12224), n.d. 17 pp.

To clarify the concept of such a valuable approach to the education of handicapped children, this occasional paper discusses what mainstreaming means and some of the reasons for its emergence as a popular trend in special education. Turning from the idea to the reality, the author describes some frequently used approaches to mainstreaming. Common elements of successful programs including preparation, pacing, specificity and flexibility are detailed. In the bibliography, summaries of a variety of mainstreaming programs are listed.

10. One Out of Ten: School Planning for the Handicapped. New York: Educational Facilities Laboratories (850 Third Avenue), 1974. Available from IRUC in xerox form, $2.00.

This report deals with implications of new laws about and alternative methods for educating impaired, disabled, and handicapped children in public schools. Schools and other public service agencies are beginning to share staff and pool resources to build new systems of treatment and education for children with various handicapping conditions. Innovative alternatives from selected schools and school systems are presented to assist other school districts develop a continuum of services between unmodified everyday classroom opportunities and residential hospital services to meet needs of all children with mental, physical, learning, emotional and multiple conditions.

11. Program for the Analysis of Deinstitutionalization Resources. Reintegrating Mentally Retarded People into the Community: An Annotated Bibliography of Print and Audiovisual Information and Training Materials. Reston, Virginia: The Council for Exceptional Children (1920 Association Drive, 22091), 1975. 23 pp.

This bibliography contains 123 annotated references which document efforts to assist mentally retarded individuals in moving out of institutional settings. The first major section of the bibliography, Print Inclusions, includes journal articles, books, booklets, project reports, conference reports, and monographs. Section two, Nonprint Inclusions, contains information on films and sideshows. All entries in the bibliography are annotated, and information on obtaining all sources is given.

THE CONTINUUM OF SERVICES FOR INCONVENIENCED INDIVIDUALS

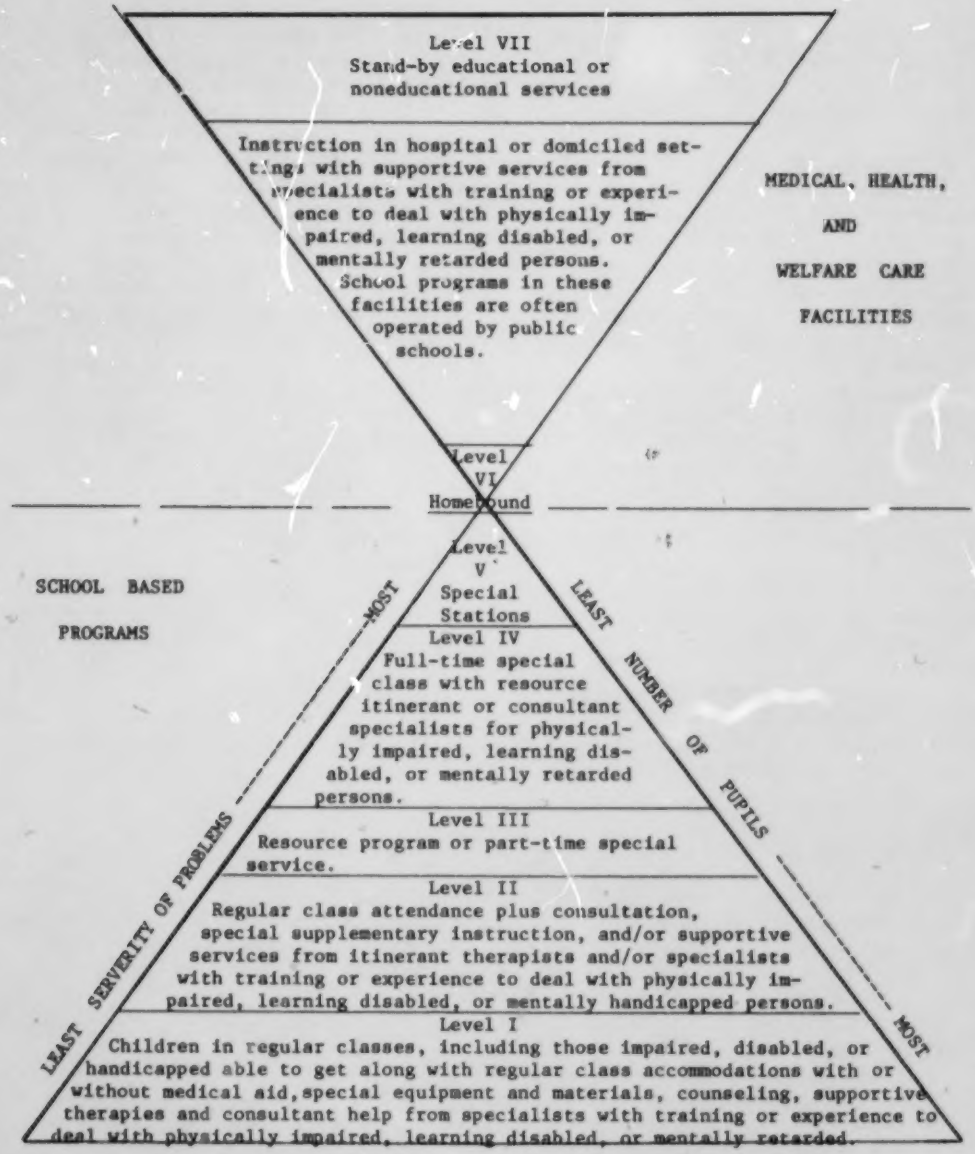
Normalization, mainstreaming, and some of the implications for integrating camp settings were explored in the previous section. But integrating inconvenienced individuals into regular programs and activities is only part of a continuum of services. Such a continuum includes *total separation* of individuals, activities, and facilities along with a variety of *intermediate steps*. In fact, integration as part of the normalization process can take a variety of forms. In addition to full participation in regular classes, outdoor programs, and camping activities, some inconvenienced persons may participate as segregated groups in various activities conducted in community settings, such as being in a special class at a public school or being in a scout troop for handicapped youngsters and meeting at a community center. For other individuals the first step in this process may simply be having opportunities to go out into the community on trips or to go into a community facility, such as a library or a drugstore. Different activities also lend themselves to greater or lesser degrees of direct integration. For example, heterogeneous groups can be effective for many individual activities, since participants with less ability or limited experience can benefit from models provided by more skilled and experienced participants. On the other hand, homogeneous groups can be more effective for certain team or group activities, especially when abilities of participants differ markedly.

Recent legislation and litigation affirm and reaffirm the concept of providing least restrictive alternative or most normal setting feasible for inconvenienced children. These terms (least restrictive; most normal feasible) in themselves connote a continuum of services. Although legislation and litigation have applied primarily to educational programs, underlying concepts and principles are applicable to *any* program--including camping and outdoor education/recreation involving impaired, disabled, and handicapped persons.

The Cascade System of Special Education Services

Many of the specific approaches that are discussed and used for implementing a continuum of services are based on or modifications of the cascade system for special education introduced by Maynard Reynolds of the University of Minnesota in 1962. Varying degrees of special services and integration are provided according to needs of individual children. Under this system the greatest numbers of inconvenienced children are absorbed in and served with minimum modification or change in regular programs. As depicted in Figure 1, children with severest conditions and most difficult problems are fewest in number and usually require most specialized and sheltered services. Conversely, children with less severe conditions are more frequently found in regular programs in which there are greater degrees of integration. Relative size of each section in Figure 1 is representative of numbers of children in each level within the continuum. This can also be interpreted in terms of kinds of specialized services an individual needs at each level. Often overlooked but as important as support and services

FIGURE 1
THE CASCADE SYSTEM OF SPECIAL EDUCATION SERVICES


Level VII
Stand-by educational or noneducational services
Instruction in hospital or domiciled settings with supportive services from specialists with training or experience to deal with physically impaired, learning disabled, or mentally retarded persons. School programs in these facilities are often operated by public schools.
MEDICAL, HEALTH, AND WELFARE CARE FACILITIES
Level VI
Homebound
SCHOOL BASED PROGRAMS
Level V
Special Stations
Level IV
Full-time special class with resource itinerant or consultant specialists for physically impaired, learning disabled, or mentally retarded persons.
Level III
Resource program or part-time special service.
Level II
Regular class attendance plus consultation, special supplementary instruction, and/or supportive services from itinerant therapists and/or specialists with training or experience to deal with physically impaired, learning disabled, or mentally handicapped persons.
Level I
Children in regular classes, including those impaired, disabled, or handicapped able to get along with regular class accommodations with or without medical aid, special equipment and materials, counseling, supportive therapies and consultant help from specialists with training or experience to deal with physically impaired, learning disabled, or mentally retarded.
LEAST
SEVERITY OF PROBLEMS
MOST
LEAST
NUMBER OF PUPILS
MOST

The tapered design is used to indicate considerable difference in numbers involved at different levels and call attention to the fact that the system serves as a *diagnostic filter*. The most specialized facilities are likely to be needed by the fewest children on a long-term basis. This organizational model can be applied to development of special education services for individuals with all types of impairments, disabilities, and handicaps.

to participants at each level are assistance and resources provided to leaders. These too are explicit and implicit from this graphic representation of a continuum of services.

A key to the success of a continuum of services in any situation is assurance that the various levels interlock and do not become separated and isolated from one another. Only in a true continuum of services can individuals be placed according to their unique needs. The basic issue is not really integration or segregation but rather the degree of integration and independence possible for each individual.

The Cascade System and Camping

Various applications of the cascade system have been discussed and proposed for physical education, recreation, and related activity areas involving impaired, disabled, and handicapped persons (see Figures 2 and 3 on page 16). Although different terminology has been used and specifics vary, most of these particular applications for a continuum of services can be adapted for and applied to camping and outdoor education/recreation programs and activities. Figure 4 on page 17 presents a transition model in which a continuum of special education services is applied to camping and outdoor education/recreation programs. These concepts and principles can be utilized in day or residential settings and adapted for or applied to (1) individual camps, (2) departments or agencies sponsoring camp or outdoor education/recreation programs, or (3) a consortium of camps.

Applied to camping and outdoor education/recreation programs and activities a continuum of services from full integration to total segregation includes:

- Full participation in regular programs.
- Participation in regular programs with consultation and support for staff from specialists and other staff members with special training, specific background, or certain competencies for assisting with campers or participants.
- Participation in regular programs with continued support and special inservice assistance for both participants and staff.
- Participation in most activities in regular programs supplemented with part of each day spent in special programs, services, or facilities. This resource approach can be used to introduce or teach an individual new activities for reinforcement and to meet special needs of individual participants.
- Participation in some activities as a homogeneous unit or cabin group and in other activities as part of heterogeneous groups based on personal interests and skills. This is analogous to the self-contained special education class that spends part of each day in its own activities and part integrated into regular school activities. This procedure is basic to operation and administration of most camps and many outdoor education/recreation programs. Consideration should be given to mixed living units or cabin groups in

FIGURE 2
DIFFERENTIATED CHARACTERISTICS OF PHYSICAL EDUCATION SERVICES

Type/Level Service	Desired Outcomes
Regular Services	
-school activities	Totally integrated programs of physical activities
school activities	
Intramural activities	
Regular physical education activities	
Intermediate Services	
Partially integrated school programs	Maximum physical, mental function
Developmental activities	Physical movement skills
Modified sports and games	Social adjustment
Specialized exercise programs	Emotional adaptability
Special Services	
Segregated school programs including clinical, hospital, and institutional programs	Physical, social, and emotional changes through: Rehabilitation process Counseling Treatment, corrective, and therapeutic approaches Diagnostic/prescriptive procedures

FIGURE 3
DIFFERENTIATED CHARACTERISTICS IN THERAPEUTIC RECREATION SERVICE[1]

Type & Level of Service	Basic Goals of the Service & Participation	Relationship of TR Specialist with Client or Patient
Therapeutic recreation service	Therapeutic Goals Contribute to treatment Contribute to rehabilitation Behavior change Social adjustment Therapeutic recreation procedures	Intensive One-to-one Small group
Recreation for ill and handicapped	Participation Goals Sheltered opportunity Adaptation Remedial teaching Counseling	Concentrated Small group Large group
Standard recreation	General Recreation Goals Physical conditioning Mental well being Personal growth and development Creative fulfillment Individual expression	Active Large group Mass participation
Leisure activity	Individual Goals Amusement Diversion Relaxation	Implied Residual role through attitudes, skills, habits imparted to clients

[1]Reproduced from Therapeutic Recreation Journal (Fourth Quarter, 1970; Vol. IV, No. 4) with permission of National Therapeutic Recreation Society.

FIGURE 4
SPECIAL EDUCATION CONTINUUM OF SERVICES APPLIED TO
CAMPS AND OUTDOOR EDUCATION/RECREATION PROGRAMS

Special Education	Camping and Outdoor Education/ Recreation
Enrollment in regular classes	Full participation in regular programs
Basic enrollment in regular class plus consultation by teacher with specialists in related fields	Participation in regular programs with consultation and support for staff from specialists and other staff members with special training, specific background, or certain competencies for assisting with these campers and participants.
Enrollment in regular class for basic instruction in most subjects plus specialized instruction one period daily or several weekly periods	Participation in regular programs with continued support and special resource assistance for both participants and staff.
Enrollment in regular class with part of each day spent in resource room programs	Participation in most activities in regular programs supplemented with part of each day spent in special programs, services, or facilities.
Part-time special class	Participation in some activities with the special group and in other activities as part of regular cabin groups or units.
Full-time special day classes	Participation in a day camp or similar program designed for impaired, disabled, or handicapped persons.
Special day school--increasing separation from normal or ordinary school and home environments to more separate and specialized programs	Participation in total program designed and administered for a specific group of impaired, disabled, or handicapped persons.
Residential school--complete separation of child from home situation and from ordinary school situations	Participation in programs sponsored by and designed for residents of residential facilities.

Based on Virginia Frye and Martha Peters. Therapeutic Recreation: Its Theory, Philosophy, and Practice. Harrisburg, Pennsylvania: Stackpole Books, 1972. pp. 123.

which one or two impaired, disabled, or handicapped individuals are integrated into regular groups. Conversely, an approach whereby one or two able-bodied persons are integrated into units or cabin groups of impaired, disabled, and handicapped participants has much merit and many possibilities.

- Participation in a day camp or similar program designed for impaired, disabled, and handicapped persons.

- Participation in total program designed and administered for a specific group of impaired, disabled, or handicapped individuals. This is obviously the traditional approach that has been and continues to be used in many parts of the country. In some instances participants in these programs are given opportunities to take trips, go on overnights, and use facilities away from the basic segregated facility. This level offers opportunities to include units or cabins of able-bodied persons which function in the same ways as a self-contained group of impaired, disabled, and handicapped persons in regular programs. Units of individuals with different conditions offer many possibilities for helping individuals learn about and learn to deal with differences.

- Participation in programs sponsored by and designed for residents of residential facilities. These programs can be conducted right on the grounds of the facility, in camps away from but owned by the facility, in state parks, or in rented facilities. Often this provides first opportunities for residents to get away from the facilities itself.

Bibliography

1. Bushell, Shirley and Jerry D. Kelley. Providing Community Recreational Opportunities for the Disabled. Urbana, Illinois: Office of Recreation and Park Resources, Department of Recreation and Park Administration, College of Physical Education and Cooperative Extension Service, College of Agriculture, University of Illinois, June 1974 (23pp). Available from IRUC on xerox basis, $2.60.

The value of recreation for impaired, disabled, and handicapped individuals and the attitudinal and architectural barriers that deny disabled persons equal access to public facilities and community recreation programs are discussed. Authors suggest specific ways that disabled and non-disabled citizens can become informed about and become involved in opening up recreation programs to disabled persons; sources of assistance in Illinois are listed (most sources are agencies that have counterparts in every state). Frequently encountered problems in making recreation services available to disabled individuals, such as transportation, arthitectural barriers, and reactions of non-disabled participants, are discussed with possible solutions. A listing of national organizations that provide information on services for the disabled, as well as examples of community programs for the disabled in Illinois, are offered.

2. Dibner, Susan S., and Andrew S. Dibner. Integration or Segregation for the Physically Handicapped Child? Springfield, Illinois: Charles C. Thomas, 1973. 201 pp. $8.95.

A two-year field study on physically handicapped children in summer camps is directed to the subject of integration of the handicapped child with normal youngsters in camps. Addressing itself to the questions of whether or not integration provides a more normal life situation, whether it affects a handicapped child's self-esteem, whether overprotectiveness lowers the self-esteem of the disabled child, and whether there are unforeseen effects of commitment to integration, this book is intended for planners of services for handicapped children, therapists, educators, recreation specialists, parents, and social scientists.

3. Integrating Persons with Handicapping Conditions into Regular Physical Education and Recreation Programs. Washington, D. C.: American Alliance for Health, Physical Education and Recreation, December 1974. $2.00.

An analysis of selected research and program literature is presented concerning integrating or mainstreaming individuals with handicapping conditions into physical education, recreation and related programs. The analysis provides state-of-the-art statements on (1) integration of students with various handicapping conditions into regular public school physical education, athletic and intramural programs, (2) integration or mainstreaming of ill, impaired and disabled individuals of all ages into community recreation programs, (3) integration of handicapped campers into on-going camp situations originally designed for nonhandicapped children and youth, (4) integration of visually impaired individuals into existing physical education and recreation programs, (5) curriculum or model program descriptions for integrating handicapped children into the regular classroom situation with provisions for physical and/or recreational activities, and (6) attitudes on the part of the handicapped participant, his peers and related program personnel in integrated physical education and recreation programs. Each statement is followed by discussion and future needs statement subsections. A list of references and selected audiovisual aids follows the analysis section.

4. Involving Handicapped Scouts: Adult Leader Development. North Brunswick, New Jersey: Boy Scouts of America, 1975. 4 pp.

Similar to Involving Handicapped Cub Scouts, this pamphlet provides an outline for an orientation program to help Scout leaders better understand handicapped boys and how to include them successfully in Scout troops. The orientation program involves discussing handicaps, discussing similarities between handicapped and non-handicapped boys, a five senses exercise, and a filmstrip. Objectives of and methods for conducting the program are given in outline form. A listing of activity reprints of successful programs for handicapped boys concludes the pamphlet. This material could be used in a variety of settings where handicapped and non-handicapped individuals are being integrated.

5. Pritchard, Marianne. "Happiness is Being Included." Leisurability 3(2): 25-29, April 1976.

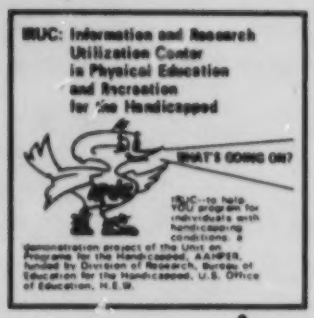
Happiness is Being Included (HIBI) was a program operated by the Oakville, Ontario, Canada, Parks and Recreation Department in July and August 1975. Physically impaired children were integrated into a variety of playground, youth center and camp programs. This article describes the program in terms of background, objectives, strategy for meeting objectives, and general observations.

6. Update No. 1. Mainstreaming in Recreation, Physical Education, Special Education, and Other Community-Based Programs--Viewpoints. Washington, D. C.: American Alliance for Health, Physical Education, and Recreation/ Information and Research Utilization Center (1201 16th Street, N. W., 20036), January 1976. 7 pp.

Materials listed in this update include recent books, articles from journals and newsletters, and published and unpublished papers, research reports, and instructional materials on mainstreaming persons with handicapping conditions into regular school and community programs. Whenever possible, a brief summary of each entry is provided. Most entries are coded for availability to assist the user in obtaining needed materials.

7. Wilson, George T. Community Recreation Programming for Handicapped Children. Arlington, Virginia: National Recreation and Park Association (1601 North Kent Street), 1974. $2.50.

This practical manual details techniques, methods, and materials that have been used in a model community recreation program for handicapped children in Milwaukee, Wisconsin. The full range of background information, administrative considerations, programmatic principles and recommendations, and evaluation techniques for successful programing are included. Specific sections deal with understanding handicapped children, budgeting, transportation, publicity and promotion, working together, recruiting, training, and supervising staff, and forms and checklists. Additional sections provide information about adapting physical, aquatic, cultural, mental, social, outdoor and camping activities along with discussions of equipment, supplies, and evaluating programs. Appendices include information about resources, forms, and competency based checklists for a variety of recreational activities.


IRUC: Information and Research Utilization Center in Physical Education and Recreation for the Handicapped
WHAT'S GOING ON?
IRUC—to help YOU program for individuals with handicapping conditions. A demonstration project of the Unit on Programs for the Handicapped, AAHPER, funded by Division of Research, Bureau of Education for the Handicapped, U.S. Office of Education, H.E.W.
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SENSE AND NONSENSE ABOUT MAINSTREAMING

JULIAN STEIN is AAHPER's consultant in programs for the handicapped.

A rush is on to get impaired, disabled, and handicapped children into regular educational programs and activities. There is much misunderstanding about mainstreaming. Many people believe that mainstreaming necessitates abolishing all special programs or that youngsters must be thrust into regular programs whether they are ready or not.

The idea behind mainstreaming is that if an individual can safely, successfully, and with personal satisfaction take part in a regular program or in unrestricted activities, no special program is necessary. Direct personal contact, when people get to know each other as individuals and not as a part of a category, helps eliminate prejudices and enhance understanding. Segregated programs keep that kind of contact from happening. People can function independently in society only by being active participants in society—an impossibility with segregated programs.

Three program levels make up the continuum of physical education services. *Regular programs.* People who can take part in regular activities safely, successfully, and with personal satisfaction should be guided and encouraged to participate in regular and community programs where they participate with peers and classmates. *Halfway house or intermediate type programs.* Many people have the potential to eventually take part in regular programs, but for the immediate present they cannot. Something is lacking—confidence, experience, skills, emotional stability, social awareness, intellectual ability, physical condition, overall control. The halfway house approach helps the individual overcome such problems. *Special programs.* Some people have severe, profound, and multiple conditions and need long-range opportunities and experiences in special segregated programs. People in this group should not be considered permanently confined to special programs and activities; such an approach is inconsistent with the concepts advocated in this article. Special programs in physical education may be (1) *corrective, therapeutic, or remedial* to serve as part of habilitation or rehabilitation efforts; (2) *adapted* to help people make adaptations so that they can participate in regular programs or modify an activity so that homogeneous groups with one or similar conditions can participate; or (3) *developmental* to include both preventive and remedial programs of basic activities—for instance, early childhood and infant stimulation approaches and programs for elderly people.

Mainstreaming means developing programs to meet individual needs, not cramming children into programs that don't fit. If individuals can be mainstreamed in just one activity, they must be; special programs should be reserved only for those activities for which they are really necessary. An unemphasized benefit of mainstreaming stems from its refutation of rigid categories. In the past, some people were unable to receive special services because their conditions were not labeled. Under mainstreaming, anyone who cannot participate in regular programs safely, successfully, and with personal satisfaction should receive special support and assistance based on educational function and need.

There are many ways in which mainstreaming can be accomplished. One way is integration of handicapped people with their peers. Another is providing opportunities for individuals and self-contained groups to get into the community and interact with people. Part time placement in both special and regular programs is still another approach. Whatever the approach, mainstreaming means promoting active participation in normal activities by everyone; even the most profoundly involved live in a bisexual world, in family size groups, and care for their needs to the extent that they are able.

Some activities lend themselves more readily to mainstreaming than others. For example, exploratory, tumbling, gymnastics, and most parallel play activities are excellent for this process, since success or failure does not depend on the performance or ability of others. Individual challenge and personal satisfaction can be achieved in these activities despite participants' diverse abilities, functional levels, backgrounds, and ages.

Too many teachers and leaders have been unwilling to try mainstreaming. Too often professional preparation programs emphasize activities rather than developing understanding of children. The *differences* of impaired, disabled, and handicapped people and the *specialness* of programs and activities designed to meet their needs have been overemphasized. Recognizing children as individuals of worth and dignity makes it easier to deal with them in regular physical education or community recreation programs rather than relegating them unnecessarily to special programs.

Another consideration in implementing the total mainstreaming process is consumer advocacy to ensure more than token input from those being served. Involvement at important discussion and policy making levels is crucial if programs are to be relevant for those for whom they are designed.

First steps in implementing the spirit of mainstreaming are taking stock of one's own personal attitudes about special people, realizing that to individualize one must know the individual, and recognizing that a difference is a difference only when it makes a difference. As negative attitudes change and rigid categories are broken down, dehumanization can be eliminated.

If you have questions about mainstreaming (or success stories about your own experiences with the process), please send them to Julian Stein, AAHPER, 1201 16th St., N.W., Washington, D.C. 20036. A future issue of *AAHPER Update* will carry a feature on mainstreaming.

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Mainstreaming — Program Descriptions in Areas of Exceptionality. (Reston, Va.: CEC Information Center on Exceptional Children, 1920 Association Drive.)

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RIGHTS AND RESPONSIBILITIES OF CAMPERS AND CAMPS

In this era of accountability, legislators, administrators, parents, leaders, and participants themselves ask for rationale, justification, and why about anything and everything. These same kinds of questions must be answered relative to recreation, activity, aquatic, camping, and outdoor education programs involving inconvenienced persons. Both participants and providers of services must recognize the *rights* of others and their own *responsibilities* in this process. As a first step in developing a definitive position paper that can be used by individuals and groups in answering questions and in identifying rights and responsibilities of individuals and community organizations, the following statement was developed from input provided by representatives of various national organizations.[1] Although this statement was developed specifically for use in community activity and aquatic programs, rights and responsibilities expressed are relevant for and can applied to camps and outdoor education/recreation programs and activities serving impaired, disabled, and handicapped people. Concepts are applicable for regular, intermediate, or special settings.

Preamble

If we believe that--	Then we must see that--
...inalienable rights set forth in the Declaration of Independence apply to all people...	...these rights extend to all people no matter what their abilities or disabilities, potentials or accomplishments, talents or deficiencies.
...the promise of equality of opportunity applies to all...	...opportunities be available and accessible to all with no privileges or discriminatory practices applied to some individuals and not to others.
...every individual has personal worth and dignity...	...each person is respected for what he or she is and does, not as a statistic or member of a category but as an individual.
...everyone has some degree of difficulty in physical, mental, social, or emotional functioning...	...individuals with specific handicapping conditions are not regarded as different because of these conditions.

[1] This position statement was developed in conjunction with Project AQUATICS, a national project for top leadership personnel working in aquatic programs for special populations. Contact Grace Reynolds, YMCA of Southwest Washington, Longview, Washington, for additional information.

...the quality of ones life is determined by a balance between work and leisure...

...recreation is a basic human need and right...

...every individual should have a voice in determining his or her own destiny...

...participants can best be served through individuals and groups working together...

...individuals have certain rights related to participation in recreation and leisure activities...

...agencies have rights related to organization goals and objectives for their recreation and leisure programs...

...adequate emphasis and appropriate opportunities are given for active involvement in both work and leisure.

...recreation and leisure programs be offered which respect each individual's right to choose and participate in activities that meet his or her needs.

...participants are actively involved in planning and implementation aspects of programs including at policy-making and leadership levels.

...families, teachers, religious leaders, program personnel, and representatives of various organizations give more than lip service to cooperative efforts.

...agencies accept responsibilities to guarantee these individual rights.

...individuals accept responsibilities to respect the integrity of organizations.

Rights of Individuals

As a participant in community-based programs, *every individual* has the following *rights*--

--To be involved in decision-making and policy-setting processes affecting development, conduct, and evaluation of programs and services.

--To have access to barrier-free facilities and transportation that accommodate physical limitations.

Responsibilities of Community Organizations

As providers of services, *community organizations* have the following *responsibilities*--

--To provide opportunities for responsible consumer representation and participation in leadership and decision-making roles.

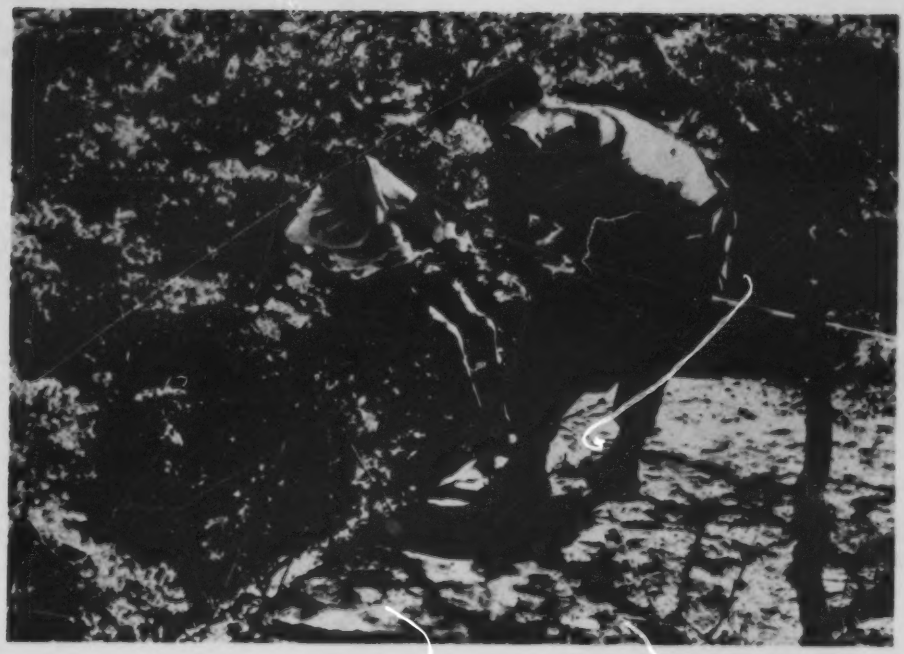
--To plan and provide barrier-free facilities and transportation that is appropriate for and accessible to individuals with physical limitations.

--To participate in any program in which he or she meets admission criteria and prerequisites.	--To make programs and activities available to all who meet admissions prerequisites and criteria.
--To participate under the guidance of trained leadership personnel who are sensitive to individual and group needs.	--To provide competent, adequate, and sensitive leadership.
--To be assured that the faculty, equipment, and program meet established standards of health and safety.	--To provide appropriate equipment as needed and to plan for the personal health and safety of all concerned.
--To achieve a sense of personal satisfaction and accomplishment through participation.	--To provide programs designed to result in feelings of success and personal satisfaction by all participants.
--To assume a program or administrative leadership role according to his or her capabilities and requirements of specific positions.	--To provide opportunities for individuals to serve in program or administrative leadership roles on the basis of individual background, experience, and competency in terms of requirements for each position.
--To assume that all personal information offered to an agency or organization will be used only in his or her interests.	--To respect the confidentiality of all personal information received.
--To request and receive a specifi and detailed explanation of circumstances limiting or excluding his or her participation in a particular program.	--To provide specific reasons when necessary to deny admittance to a program or specific activity.
Rights of Community Organizations	Responsibilities of Individuals
As providers of services, *community organizations* have the following *rights*--	As a participant in community-based programs, *every individual* has the following *responsibilities*--
--To establish programs and services that are in accord with organization goals, objectives, and resources.	--To take the initiative to become informed about program opportunities to the extent of his or her capabilities.
--To receive information relative to prerequisites and circumstances which will affect personal and group safety or require specialized treatment or equipment.	--To provide information related to conditions or circumstances which affect participation, personal and/or group safety, and about required equipment and assistance.

--To establish program prerequisites and admission criteria.

--To make known his or her program needs to agency or organization personnel and request provision of services not presently provided.

--To make provisions for special assistance and equipment not normally supplied by the program.



Challenge courses, Outward Bound activities, and various other camping-outdoor experiences offer excellent opportunities for inconvenienced and non-inconvenienced participants to work together to attain mutual goals. Participants become so immersed in solving the problem at hand or teaching the desired goal that personal differences disappear as each individual is looked upon as a peer and equal partner in the activity. These changed and positive attitudes can carry-over to other activities and settings.

PART TWO: PRACTICAL APPROACHES TO INTEGRATED CAMPING

PHILOSOPHICAL CONSIDERATIONS

Values of Integrated Camping

Able-bodied persons have varied reactions to inconvenienced individuals. These reactions often differ according to type and severity of condition, whether a condition is visible or invisible, whether someone else is around or according to *who* else is around, and how well the individual is known. Responses run the gamut from total rejection through avoidance to complete acceptance; sympathy to empathy, pity to pride, ease to ignorance to over-protection, dishonesty to honesty. Some individuals indicate that they verbally express one set of feelings and outwardly say certain things when dealing with an inconvenienced person; to do otherwise, they say, would be unkind and make them feel guilty. On the other hand, inconvenienced individuals want to be treated as others are treated--to be argued with when there is a difference of opinion, to be laughed with when something is funny, to hear it and tell it like it is. Only by knowing, appreciating, and understanding others as individuals can this type of genuine personal reaction become reality.

Research results, empirical evidence, and personal experience all suggest that early interaction among special and regular populations can be effective in promoting and maintaining positive and accepting attitudes among individuals in these groups. Placing inconvenienced children with their able-bodied peers in camping and outdoor education/recreation programs has the dual goal of reducing the strangeness of children whose actions or appearances are different, while at the same time teaching inconvenienced children to deal with the reactions of others. Each can learn to contribute and interact with other campers; ultimately, each should feel that everyone has something to offer.

> *"He only doubted himself because he was somewhat afraid of failure. But the experience of seeing that non-handicapped fail also and that no one person is perfect, helped him to overcome these fears."*[4]
>
> --A counselor's reaction to the effects of integration on one youngster.

All children have the same basic needs: (1) acceptance and recognition by peers and adults; (2) the security that such acceptance brings; (3) feeling part of games, secrets, tasks, interests, patterns of dress, habits of their peers; (4) opportunities to socialize and be a member of a group. From the sequence of childhood social experience comes the development of adult social skills. Where inconvenienced children were in the past denied opportunities for meeting basic needs and acquiring social skills, integrated

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*Handicapped Camper Integration Project: Easter Seal Society of Ingham County Project Report. Lansing, Michigan: the Society (2901 Wabash Road, 48910), August 15, 1973.

camps offer these opportunities. By accepting children with impairments, disabilities, or handicaps into their camps and making the effort to see that they are functioning as contributing members of the cabin group and camp, directors can play an important role in providing opportunities for the growth of all children.

Goals of Integrated Camping

Camping, as with other aspects of recreation, is not an end in itself, but rather a means to an end. It is a tool for growth and development in all areas. Basically, the aims and objectives of camping for inconvenienced individuals are the same as for non-impaired persons; some of these goals are*:

- to provide opportunities for groups and individuals to participate in and contribute to a plan of living in the out-of-doors for a week or more;
- to help campers learn to feel comfortable in the out-of-doors by providing satisfying contacts with nature;
- to foster independence and self-direction in each participant; to provide opportunities for the development of initiative, leadership, and responsibility;
- to acquire new skills (cooking over a fire, cutting wood, making a bed) and develop hobbies with lifetime carry-over value;
- to arouse a sense of curiosity and stimulate spontaneous expression through providing new educational experiences;
- to foster physical and mental health by engaging mind and body in healthful activity.

Specifically in reference to camps which integrate able-bodied and inconvenienced youngsters, additional goals of camping include:

- to contribute to an atmosphere of greater tolerance of individual differences and increased acceptance by peers through informality of dress, setting, and lifestyle;
- to provide opportunities for participation in typical group activities with individuals of varying ability levels, somewhat like a society-in-miniature;
- to reinforce the fact that all individuals have strengths and weaknesses, whatever their obvious physical and mental abilities may be.

*Based in part on material from Janet Pomeroy in The Development of a Camping Program: Experiences of the Recreation Center for the Handicapped, San Francisco, California. San Francisco, California: the Center (207 Skyline Boulevard, 94132).

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1. Allen, R. M. "Notes on Mixed Summer Camping with Retardates and Non-Retardates." Training School Bulletin 54:50-51, November 1957.

2. Camp Development Committee for the Ontario Association for the Mentally Retarded. The Integration of Trainable Retarded Children Into Regular Residential Camps, Summer 1975. Part 1: Planning, Implementation. Toronto, Ontario, Canada: The Ontario Association for the Mentally Retarded (1376 Bayview Avenue, M4G 3A3), 1975. 54 pp. $2.00 in Canada, $3.00 outside Canada.

   Procedures involved in the planning and implementation of the Ontario Association for the Mentally Retarded's project on integration of trainable mentally handicapped children into regular camps are outlined in this report. Section I contains a brief historical background of the project and steps in the development of the project. These include a study search of literature and development of an annotated bibliography, camp statistics, a parent questionnaire, the proposal for a demonstration camp project, funding, search for regular camps, staff, and a detailed account of the staff training program. Appendices include a sample letter to camp directors, a form used to gain information from prospective camps, and a list of criteria used for selection of campers. Four tasks involved in the implementation of the project are described in Section II: involvement with regular camps prior to camper attending camp, selection of campers, arrangement for campers, and support to camps. Also included in this section are recommendations for the final phase of the project in 1976 from the staff of the 1975 project.

3. Carter, Joan L. "Camping Together: Handicapped and Non-Handicapped Girl Scouts." Exceptional Children 21:2-4, October 1954.

4. Day, Hyam I., and Catherine Mary Louise Archer. The Integration of Trainable Retarded Children Into Regular Residential Camps, Summer 1975. Part 2: Evaluation, Recommendations. Toronto, Ontario, Canada: Camp Development Committee for the Ontario Association for the Mentally Retarded (1376 Bayview Avenue, M4G 3A3), 1975. $2.00 in Canada, $3.00 outside of Canada.

   As part of the project on integration of trainable mentally handicapped children into regular residential camps a research team was established. This team was to evaluate the success of the program, to examine criteria under which the children and the participating camps were selected, and to identify factors that would facilitate future integration of retarded children into regular camps. The team's methods, findings, and recommendations are detailed in this report. An interview technique was used to gather information on the dynamics of the interaction and to determine the degree of success of each union between camper and camp according to opinions of those directly involved--directors, counselors, cabin mates, parents, and campers themselves.

5. Ellis, Mary. "Camping Needs of Handicapped Children in Camps for the Non-Handicapped." Master's thesis. Ohio State University, 1957.

6. Flax, Norman and Edward Peters. "Retarded Children at Camp with Normal Children." Children 16:232-237, November 1969.

7. Goodwain, H. E., and B. A. Cross. "How Handicapped Campers Can Fit Into a Regular Program." Camping Magazine 30:18-19, December 1958.

8. Hayes, Gene A. "The Integration of the Mentally Retarded and Non-Retarded in a Day Camping Program--A Demonstration Project." Mental Retardation 7(5):14-16, 1969.

Describes the procedures and results of combining institutionalized mentally retarded and non-retarded community children in a day camping program. Subjects involved were observed for six specific kinds of behavior--cooperation, interaction, parallel play, self-initiated activity, non-activity, and aggression. The findings imply that the mentally retarded are capable of functioning and interacting with the non-retarded in a recreation setting.

9. Herzog, J. D. "Boys and Girls Together: Handicapped and Able-Bodied." Recreation 48:260-261, June 1955.

10. Herzog, John D. "Camping for Physically Handicapped Children: A Report of Experiences in Integrated Camping at Camp Hidden Valley." Nervous Child 11:66-73, January 1956.

11. Kronick, Doreen. "Regular Camp, Special Camp, or No Camp." Academic Therapy Quarterly 4:207-211, Third Quarter 1959.

12. Kronick, Doreen. "You Can Make Exceptional Children Part of Your Regular Summer Camp." Camping Magazine 44:14, Fall 1972.

13. Lainoff, Harold M. "EMR Campers Gain from Regular Camp." Camping Magazine 24, February 1969.

14. Resnick, Rose. "The Specialized Camp as Preparation for Integration." New Outlook for the Blind 66(10):374-376, December 1972.

Reviewed are some of the characteristics and benefits of camps for handicapped children. The specialized camp is seen to be a chance for handicapped children to be free from over-protective parents, to live and learn in an atmosphere of understanding and encouragement, and to experience their potential for self-reliance. Noted are some of the adaptations in camp procedures and equipment dictated by the nature of the handicap accommodated. Described is how the skills, knowledge, and success experiences gained at the specialized camp will help the handicapped campers participate more fully and happily with non-handicapped children in other camp, school, or social situations.

15. Robb, Gary M. "Camping for the Physically Handicapped: A Rationale and Approach." Rehabilitation Literature 34(5):130-133, May 1973.

Offered are a rationale and an approach to camping for the physically handicapped. Noted is the trend toward integrating the handicapped into regular camp programs. The attitudes of camp directors toward the handicapped child are seen to often exclude him from the regular camp program.

16. Seagle, Edward E., Jr. "A Study of the Feasibility of Integrating Blind, Deaf, and Non-Handicapped Youngsters in an Outdoor Resident Camp Setting." Master's thesis. Provo, Utah: Brigham Young University, 1974. 68 pp.

Through careful analysis of related literature and a study of desired information, a questionnaire was developed and mailed to 50 camps, which serve the handicapped, within the U. S. and Canada. Thirty camps responded. The data were computerized and a frequency distribution determined to analyze the responses. It was concluded that this type of integration was feasible in terms of contributing to the welfare of all three types of children involved. The study also indicated trends in program possibilities and outlined definite minimal requirements for leadership in the proposed setting. It was also shown that private ownership and operation was not feasible, but rather camp fees should be instituted as a means of financing.

17. "Summer Camping Programs for Visually Handicapped Persons." New Outlook for the Blind 70(3):121-124, March 1976.

Lists over fifty summer camps in 29 states that accept visually impaired persons. Sponsors of camps and age groups served are also given.

18. Wentworth, Samuel. "What You Should Know About Regular Camping Programs for Diabetic Children." Camping Magazine 45:10, March 1973.

19. York University Faculty of Environmental Studies. A Report to the Civitan International Foundation of Canada and the Ontario Association for the Mentally Retarded on the Integration of the Retarded into Regular Residential Camps. Toronto, Ontario, Canada: York University, 1974. Available in hardcopy (xerox) from IRUC, 1201 16th Street, N.W., Washington, D. C., 20036. $6.40.

This study presents some guidelines for the consideration of integration of mentally retarded persons into regular camping and recreation activities. It serves as a comprehensive view of related concerns which underlie implementation of a policy of integration through a developmental program. Basic considerations regarding integration, camping and recreation provide a summary of the current state of the art in these areas. A section on developmental programming describes a short-range program package and long-range options for development. An overview of the report in outline form is provided in a brief summary section.

MATCHING CAMPS AND CAMPERS

Recruiting Campers

Recruitment of campers with handicapping conditions can be carried out in much the same way as recruitment of any campers. Some particularly worthwhile methods of recruiting inconvenienced campers are discussed below.

Word of Mouth. A camp director may begin by contacting friends and neighbors in his or her own community. Additionally, former campers may have brothers or sisters who have heard about the fun and excitement at camp and would welcome an opportunity to attend.

Public Announcements. Local newspapers, radio stations, and television may be utilized to announce openings for both inconvenienced and able-bodied youngsters at a camp. Organizations for parents who have children with handicapping conditions or for inconvenienced individuals themselves almost always publish a newsletter or journal for their members, which offers an effective and inexpensive method of recruiting inconvenienced campers. At the very least, each of these organizations has some way of communicating information to members, even if it is only a sophisticated grapevine! A listing of organizations and their publications is presented in Appendix A.

Referrals. Referrals of potential campers may come from various sources: guidance counselors, social workers, psychologists, special education departments in school systems, hospitals, and rehabilitation agencies. Because an individual is referred to the camp does not necessarily mean that he or she is more severely handicapped, involved, disturbed, or affected; in fact, with the benefits of integrated camping becoming widely recognized, increasing referrals of individuals to camps are to be expected. When a referral is received by a camp director, this opportunity can be used to recruit other potential campers who may be known by the referring agency or individual.

Civic Organizations. Lions, Elks, Kiwanis, Civitan, Rotary, and other such clubs commonly sponsor events and raise funds for projects involving inconvenienced persons. They, therefore, would have methods of contacting possible campers. Also, these groups often contribute funds and/or services to worthwhile projects or persons in financial need and may represent a funding or person-power source for the camp.

Residential Facilities. Residents of institutions, state schools, halfway houses, or similar facilities typically have specialized (i.e. segregated) summer camps open to them. Some of these individuals, however, may be ready and able to participate with able-bodied persons in a camp situation. These resources should definitely not be overlooked as sources of potential campers.

Assessment of Readiness for an Integrated Camping Experience

Camp directors who are approached by parents or agencies wanting to enroll an inconvenienced child in the camp must be able to determine whether the child is ready for a non-specialized camp experience and whether he or

she will be able to function effectively in the particular camp they have selected. The decision of readiness should be a joint one involving the camp director, parents, agency, teacher, physician and other professionals who have come in contact with the child.

Guidelines are available to facilitate the determination of readiness. Early studies of the Massachusetts Easter Seal Society's integrated camping program concluded that a child's adjustment to camp was most related to social maturity and degree to which the impairment, disability, or handicap enabled the child to participate in activities valued by the cabin group; previous camping experience or type of handicapping condition were of lesser importance. Other evidence links camp readiness with social, behavioral, and independence skills.

Some studies have been carried out attempting to delineate the characteristics most related to a child who has a handicapping condition succeeding in a non-specialized camp. The following are brief summaries of the findings of Flax and Peters' study on a camping program sponsored by the Jewish Community Centers Association of St. Louis which integrated mentally handicapped and able-bodied children.* The characteristics most related to successful integration of educable mentally handicapped children into non-specialized camps were found to be:

1. amount of neighborhood street play in which child participates.
2. awareness of the needs of others.
3. ability to delay appropriate gratification.
4. ability to follow directions.
5. extent of child's skill in playing highly organized games.
6. skill in playing unorganized games.
7. gross motor coordination.
8. overall personal appearance.

The Massachusetts Easter Seal Society+ found that inconvenienced children who made the best adjustment to non-specialized camps were those rated by their parents as "outgoing, enjoys new experiences." The socially aggressive, self-assured child was more likely to be well adjusted at camp.

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*Norman Flax, and Edward N. Peters. "Retarded Children at Camp with Normal Children." Children, November-December 1969.

+Andrew S. Dibner, and Susan S. Dibner. Report on Studies of Integrated Camping. Worcester, Massachusetts: Easter Seal Society for Crippled Children and Adults of Massachusetts, Inc. (37 Harvard Street, 01608), October 1968.

On the other hand, the children who had more trouble adjusting tended to be rated by their parents as "shy, needs encouragement, needs discipline." Certainly, this would hold true for able-bodied children as well. Counselors tended to rate the poorly adjusted child more often as having a poor attitude toward activities, not accepting disability, or not being well accepted by other children. These children were more likely to be the youngest in their family, were more protected and socially immature, and more often attended a self-contained classroom or a residential school than a regular classroom.

The Massachusetts Easter Seal Society also found that the amount of help a child needed, dependence on others, and the degree to which his or her handicap limited involvement in camp activities was related to camp adjustment. Children whose handicaps prevented much involvement adjusted less well. Additional prerequisites for successful adjustment to integrated camp suggested in this study were ability to handle own special needs, body functions, dress, and feeding, and degree of striving towards independence, while at the same time recognizing and accepting that some help from others was needed.

> *Bill would not ask for or accept help in buttoning his life jacket, even though his withered arm made it impossible for him to do the task himself. Instead he excluded himself from boating periods, even though he was anxious to join that activity.*

> *Howie, at age seven, hid the stump of his wrist in his pocket or behind his back. He would spear large pieces of food with his fork rather than ask for help in cutting his food. He would ask no one to cut his nails, tie his laces or faster his buttons.*

Both these instances illustrate cases in which two children with handicapping conditions could neither handle all their needs nor ask for help in meeting needs. Their camp experiences were made more negative by their inability to request assistance and by failure of camp personnel to openly discuss the problem. Perhaps, had an understanding counselor or young friend talked to Bill and Howie, the following alternatives could have been suggested:

- more manageable fasteners for life jackets and clothing (velero, snaps, zippers).
- serving food that required little cutting, or, more preferably, providing utensils which would facilitate Howie's ability to cut food.

Possibly, had camp personnel better assessed Howie and Bill's camp readiness, their negative experiences could have been foreseen and advance preparations could have been made to deal with them.

The only way to determine youngsters' readiness for camp is to obtain information about them. Information obtained about individuals not only will assist in determining readiness, but will be of value in grouping them with compatible cabin mates and ensuring the likelihood of an enjoyable experience.

The home visit can be an extremely productive source of information. The responses of child and family to the interviewer's comments and questions, family interaction that is observed, the child's behavior and general ability to handle him/herself, can provide the interviewer with considerable information and impressions valuable in planning for the child's summer. Many children and their parents will not have a well defined idea of what camp is all about. They may be anxious about the impending experience. A home visit can relieve much of this anxiety if the interviewer takes the time to discuss the concerns expressed by parents and child and encourage the short absence from home, if the child seems ready to take this step. The interviewer should describe the medical facilities and personnel in camp or accessible to camp. Sleeping accommodations can be described (tents, cabins, canvas bunks, mattresses, screened or open), along with availability of toilets, washing and bathing facilities. Describing a typical day at camp, some special programs, some typical meals and explaining what happens on the first day at camp, from the time the child leaves home is helpful. Explain visiting and telephone procedures, rules about cancellation of registration and changes if child leaves camp early. Mention ages of staff, counselor-camper ratio and where counselors sleep. Paint a verbal picture of the physical plant, swimming facilities, and other aspects of camp life.

Each camp usually has a format which they use for a home interview or for obtaining additional information about potential campers through a mailed questionnaire. The same basic format can be utilized with inconvenienced children. Listed in Appendix B are some suggested questions and observations. The comprehensiveness of the list is not meant to be frightening. Rather, it is designed to provide camp administrators with the kinds of information that will assist in determining readiness, discerning appropriate placement in a group and planning procedures and program modifications so that child and cabin mates can maximize their experience. Many of the questions are the kind that might be asked of the able-bodied in a home interview or through a mailed questionnaire. It may also prove helpful to have the parent write a list of tasks and activities the child needs help with and how long it takes the child to do specific tasks, such as dress.

If the potential camper has been a client of a clinic, family service agency, or agency concerned with the handicapped, their departments of social service or recreation often can provide a comprehensive report of his or her functioning. In smaller communities, the public health nurse may assume this role. An additional source of information is the school. Its staff have been in a good position to observe independence skills, social skills, and general behavior. In some instances, parental knowledge of a child's handicap may not be as comprehensive as that of the physician, psychologist or agency; the parent may not be in a position to determine how the handicap will be affected by the camp environment, and, at times, the professional or agency can provide a more objective picture of the child's functioning. However, parents *must not* be excluded from the information-gathering process, as they have vital observations about their child's functioning in the home, his/her friends, and personal habits. In addition,

the camp may need a signed release from the parents in order to secure information from physician, psychologist, school, agency, or clinic, and parents will be much more willing to sign releases when they are *actively* involved in their child's camp selection. Samples of questions for the camp director to ask professionals who know the potential camper are provided in Appendix C.

The camp director's information exchange with parents and others does not terminate once camp and camper have been matched. If the child has a medical condition that could require consultation with the parents or transfer of the child to a hospital, the camp director should be supplied with a list of places where the parents can be reached at all times; telephone numbers of alternate persons to reach in an emergency, with authority vested in them to make decisions regarding the child; and physician's telephone number and a signed medical release allowing the director to assume the parental role in authorizing treatment, surgery, hospitalization, injections, and anasthesia in an emergency. If the camp wants to take pictures of the child, or identify the child in any publicity, brochures or camp literature, it is wise to obtain a release signed by both parents. Generally, it is advisable for the interviewer not to promise to keep the child at camp for a specific period of time. Preferably, he or she can register the child for a predesignated period but keep the child at camp as long as the child and camp are handling the experience comfortably.

FACILITATING ADJUSTMENT TO AN INTEGRATED CAMP

Parent's Role in Preparing Their Child for an Integrated Camping Experience

The process of preparing a child for integration into a camp which services all children can be the joint effort of parents, schools, youth service agencies, public recreation staff, and camp director and counselors. The parents, of course, play a major role in this process when the child lives at home. Getting a child ready for camp must begin long before the actual experience and should include learning and recreational activities that will promote independence and social and self-care skills. Camp directors can ease the child's adjustment to camp by furnishing parents with some of the following suggestions:

- Visit the camp with child either the summer before or earlier in the season.
- Practice camping skills through family camping.
- Invite children to the house who have attended a camp and encourage them to relate stories of their experiences.
- Tell the child stories of typical enjoyable activities at camp such as campfires, hayrides, skits, sing songs, bunk nights, etc.
- Play camp, teaching the child how to fold clothers and place in neat piles; fill a case with toiletries and practice taking it plus towel and washcloth to the bathroom.
- Encourage independence by having child care for as many needs as possible and feasible (choosing appropriate clothing for the weather, making a bed, discarding soiled clothing into a laundry bag, etc.); this area in particular should not be restricted to preparation for camp!
- Overcome as many areas of difficulty as possible by alternate solutions or specific teaching. For example, if a child has a problem tying shoelaces, provide shoes with snaps or slip ons; if buttons are difficult, provide clothing with zippers, elastic bands, etc.; if writing letters is a problem, provide stamped self-addressed envelopes; put braille books into blind child's duffle bag and teach to discriminate items of clothing by their texture; if child has a game at which he or she is skilled or enjoys playing, send it to camp.
- Reinforce the child's decision to attend camp; discuss but do not overly emphasize anxieties.
- Provide the child with same kinds of clothing and extras as fellow campers are likely to have, such as old jeans, cut-off dungarees, brightly colored T-shirts, or whatever else is in

style. Send extra pair of glasses, hearing aid batteries, etc. or deliver to camp nurse at the departure bus.

Participation in regular community recreation activities can serve as good preparation for attending integrated camp. This, too, requires preparation, however, and will have to be approached gradually. Parents might start by going to a bowling alley or movie with their child, progress to community activities involving parents and children, and finally encourage their child to participate in community recreation activities conducted only for children (playground, painting, dance, gymnastics).

Both able-bodied and inconvenienced children are often sent to day camp as preparation for residential camp. Opportunities for learning to adjust to groups are available through day camps. Children with handicapping conditions may lack previous social experience, and the day camp provides good exposure to this. In addition, day camping is time away from home without parents and supervised by other adults, which an inconvenienced child may not previously have been accustomed to. Children and their parents thus gradually gain confidence in the child's ability to be somewhat independent away from home.

Orientation of Camp Personnel

Since camp personnel comprise a large number of individuals who will be in contact with inconvenienced campers throughout the summer, their preparation is as important as the camper's preparation. Assuming that the director has hired counselors who have experience working with children with handicapping conditions, no orientation to these conditions should be necessary. When such orientation is needed, pre-camp sessions on one or more handicaps can be conducted by a staff member from an agency serving inconvenienced persons or a member of the camp staff who is knowledgeable in this area. Although brief mention might be given to cause of handicap, prognosis and other issues of general interest, the emphasis of the sessions should be on manifestations, methods of assistance, reasons for enrolling the child in camp, goals and creative methods of program adaptation. This material can be augmented by films and manuals. Additionally, this offers an opportunity to demonstrate methods of transfer to and from a wheelchair and other procedures for assisting children to move about and meet basic needs.

At a cabin group-centered camp where counselors are with their campers all day, the director will undoubtedly depend on cabin counselors to interpret a camper's special needs to other staff members as the occasions arise. An activity centered camp where children do not remain in cabin groups should consider more comprehensive orientation of staff members. Similarly, a decentralized camp where age groups live in self-contained villages with little mingling is likely to concentrate its orientation to the staff of the village concerned, as well as specialty people (maintenance and kitchen staff).

Laura, a ten year old girl who has diabetes, attends a large, decentralized, group-centered camp. The entire staff has been

instructed in the care of an insulin reaction, should one occur. Her counselors, the section head, and swim staff were more thoroughly educated in caring for Laura's condition.

Tommy, age eleven, attends the same camp. He cannot read or write, but outside the classroom his behavior is typical of other boys his age. Only his counselors and section head are aware of his problem.

Barry has a serious congenital heart condition. His only limitation is body contact sports. His counselors, the section director, and activity directors at camp know of his condition.

Ann is blind. The entire staff was instructed in methods of assisting a blind person.

If counselors have been assigned before the camp season, they can spend some time in the camper's home, observing care and becoming acquainted. In addition, they might receive an orientation from the agency, clinic, physician or therapist working with the child. If it is not possible to arrange to have the counselors do this, another staff person can undertake this task.

In pre-camp and during the course of the season, meetings about individual children often prove extremely helpful. These meetings can be attended by the child's counselors, section director, and if relevant, activity directors, camp medical staff, program director, and director and staff member from agency. This can be a good vehicle for clarifying concerns and developing program modifications. Optimally, such a case conference also should be held at the conclusion of the child's stay at camp in order to provide a comprehensive picture of the child's functioning and achievements. This, then, can be recorded and reported to family and agency.

It is not necessary or even desirable in many cases to convey the totality of information known about a child to the counselor. Too much material may cause the counselor to form a damaging image of the child, to be prejudiced toward the family, or create anxiety. Provide only the details necessary to exercise the requiremtns of safety, care, comfort, and participation. As additional questions arise, provide ready access to a senior staff person, the director, supervisor or nurse. Use non-medical terminology in describing the child and limit information to that which is relevant to the camp experience.

Harry became very anxious when he couldn't find one of his belongings, or when an activity changed. His tantrums at these times were upsetting to staff and campers. His counselors were taught how to help Harry organize himself and to prepare for changes. Before he went to the bathroom, the counselor would check with him whether he had his soap, toothbrush, towel, etc. Five minutes before a change of activity, the counselor would tell Harry that as soon as the arts and crafts material was cleared up, or the horses taken back to the barn, the group would go swimming.

Karl, too, tended to forget his schedule, and since he attended an activity centered camp, his counselor wasn't with him to help him organize his day. Therefore, he made Karl a bracelet of elasticized string on which sturdy discs were strung. Each disc was numbered on the one side to correspond to the period of the day, and the activity was printed on the other side. Staff members who found Karl wandering around or attending the wrong activity would check his bracelet with him.

Alice's paralyzed left side made her a slow dresser. Because her counselors were aware of this ahead of time, they had her begin dressing minutes before her cabinmates.

Ian was ashamed of his inability to read or write. When letters arrived from home, the counselor would read them to Ian during "free activity," and Ian would dictate his letters home while sitting on a rock.

These instances illustrate several preparations that have facilitated adjustment of inconvenienced campers to integrated camps:

- Communication between parents and camp regarding habits and abilities of campers.
- Respect by camp staff of campers habits and abilities.
- Effectiveness of orienting counselors, in terms of enhancing comfort and safety of campers.
- Understanding by other staff members of campers' individual needs.

Grouping Campers

Although the living or activity group to which a camper is assigned will have a profound effect on adjustment to camp, there is no one answer to appropriately assigning individuals to groups within the camp. Generally speaking, children will be happier if they are grouped with age mates and, if possible, with friends. However, grouping with friends may discourage the child from making new friends and create a clique-like atmosphere; and more mature inconvenienced children may be better served when grouped with older able-bodied youngsters rather than with their agemates. Another general rule which may make the camping experience more positive for all is to group cabin mates whose interests and physical abilities are compatible. For example, a cerebral palsied youth may not have an optinum group experience with very athletic youngsters. Other relevant considerations are:

- Any child, inconvenienced or not, will experience more difficulty joining a group after sub-groups have formed. It seems preferable to have the child join the cabin group at the beginning of the camping period, and be placed in a group that does not consist of campers who have bunked together previously or been close friends before camp.

- If the camp serves children primarily representing one ethnic and financial background, introducing a child from a very different background creates an additional degree of adjustment. For example, black and white children from the inner city may have few commonalities with black and white children from suburban areas. Similarly, children from orthodox Jewish homes may have great variances with children from reform Jewish homes.

- The director should be prepared to arrange placement in another cabin group if the child is not interacting positively with bunkmates or counselors after a reasonable adjustment period.

Grouping by Functional Ability. The basis for this type of grouping is that some activities, such as swimming lessons, work better when all individuals in a particular group are at the same skill level. Fewer instructors and smaller space are needed when functional ability groupings are used. However, in an integrated setting some adjustments will be needed to make this grouping work, as the following example illustrates.

> *Swimming instruction at the camp was given to beginners in the morning and advanced classes in the afternoon. While beginners took lessons, the advanced group had other activities, and vice versa. Mary, a 15-year old with cerebral palsy, had poor swimming skills and took her lessons with beginners. This resulted in her spending the majority of her summer with young children, both in swimming and other activities.*

No easy answer to the dilemma of grouping by functional ability exists, although when functional groupings are made on the basis of both age and ability a more successful experience is generally the result. For example, the beginning swimming group could be broken into older beginners and younger beginners. Two equally desirable overnight trips differing only in amount of strength and endurance required could be planned, one a mountain climb, the other an extended visit to area tourist attractions.

Buddy System. The buddy system involves pairing individuals in one of various ways. One approach involves pairing inconvenienced and able-bodied campers of similar interests, one of whom is a more experienced camper and can assist the other. Another highly successful approach pairs two individuals, both of whom have a handicapping condition, which allows both to give and take according to their differing strengths and abilities. This latter approach, however, is not necessarily conducive to integrating campers and is best used in two situations: (1) when inconvenienced campers are only partially being integrated into some camp activities, and (2) when one of the buddies has close ties with able-bodied campers.

Grouping by Interests. Assigning campers to activities according to their expressed interests involves scheduling those campers choosing a certain activity with other campers from their own or a neighboring living group and maintaining those activity groups for the duration of the camp period. When great interest is expressed in a certain activity, the program director uses his/her own discretion in assigning campers to two,

three, or more groups of the same activity, based on knowledge of friendships, abilities, and personalities. Some camps are organized in such a way that activities change daily. Pre-planning and advance sign-up for these activities will facilitate organization of campers into groups and ease the logistics involved. In cases like this, awards can be given for campers who participate in a variety of activities to discourage participation in a very limited scope of experiences.

As one would expect, children's interests are not necessarily correlated with their ability to perform. Counselors at the Massachusetts Easter Seal Society integrated camp* discovered this to be true and also found that inconvenienced campers signed up for activities even if they could not participate in the usual manner or with skill. Counselors dealt with this in various ways:

- They suggested the child do something else.
- They asked the child just to watch.
- They assigned the child with a handicapping condition to roles that could be performed successfully, such as umpire, third base coach, scorekeeper, observer in the boat while another child waterskied.
- They assisted the child or created adaptive devices which allowed him/her to be included with other participants.

Another way of handling this situation involves determining what it is about a particular activity that is appealing to the child and suggesting suitable alternatives.

> *Alan wanted to join the canoeing lessons but, due to his cerebral palsy, did not have sufficient arm strength to paddle. On talking to his counselor, Alan's love of water and boating in general became evident. Alan was encouraged to join the sailing group and became very proficient at controlling the rudder and mainsail lines with his feet.*

Certainly, the interest-centered group offers all campers an opportunity to explore new skills and socialize with individuals of the same age. When competition is kept to a minimum, too, the inconvenienced child can make particular gains. This is not to say that all competition should be eliminated. Competition has many benefits, among which are development of fair play, team cooperation, and desire for self-improvement. However, athletic competition and team competition should not become the sole opportunities for competitive play--chess, individual track and field events, archery, and ping pong are just a few other activities in which individuals with a wide range of abilities can compete. Camp directors should not overlook the possibilities of borrowing or renting wheelchairs and having all participate in a wheelchair basketball game. This not only gives inconvenienced players the chance to show off their skills, but will help develop empathy.

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*Dibner and Dibner (full citation on page 34).

The Group Experience

The admission of a child who has a handicapping condition into a primarily able-bodied group of campers and counselors is not necessarily analagous with acceptance of the camper by counselors and cabin mates. Some children who lack social skills, maturity or self-acceptance, function on the periphery of the social structure. Children who present such a picture, especially when coupled with an obvious physical, mental, or emotional handicap, are more likely to be rejected by the group. Therefore, facilitation of interaction with others is of prime concern of both camp director and counselors. Some important considerations for making the group experience work includes:

- The counselors should have a clear idea of their role in fostering interaction of the inconvenienced child with other campers. There should be guidelines concerning the type of activities in which the inconvenienced child cannot participate and alternate arrangements that are to be made on these occasions. It is important that the counselor view the child as a full-time member of the cabin group to be *rarely* exempted, rather than a sometimes member to be left behind at the least suggestion of inconvenience. The counselor must temper demands for participation with knowledge of each child's limitations in strength and ability.

- The child's road to acceptance will be eased if counselors capitalize on known interest and skills. Cabin projects might evolve around his/her skill or hobby, with the child taking a leadership role in the activity. Camp routines such as flag raising can be modified so that each child can participate; in addition children with handicapping conditions can participate on a rotating basis with others in ringing the dinner bell, delivering mail, delivering messages for the directors, or making announcements in the mess hall. It is important not to be patronizing and create special jobs of dubious importance for inconvenienced campers; they should fit as normally into camp routine as possible.

- Guard against manipulation of bunkmates and counselors which can happen if the child capitalizes on their lack of knowledge to elicit sympathy and get things done that he/she is capable of doing. Beware of preferential treatment, overprotection, and reinforcement of undesirable behavior. These circumstances can either make other campers angry and resentful or can cause them to get a warped picture of a child with a handicapping condition, which may be perpetuated throughout life. For example, one child keeps asking "Do you like me?" Counselor keeps responding rather than giving a gentle, firm reminder that the question has been answered and repetition is inappropriate; another child is allowed to interrupt the counselor, clamors for attention when attention is given to another child.

John, age ten with a left arm hook prosthesis was resting on his bunk during rest hour while all his cabin mates were writing, reading, or kidding around. Counselor said John was "terrific", well-liked, and did his utmost to participate in all sports. Yet two boys excused John for an untidy footlocker "because he's different." Counselor said they let all boys talk about and feel John's hook at the start of the camp period and they "forgot about it" after that.

Wendy, age nine, has cerebral palsy and mild hemiplegia (paralysis or weakness on one side). The counselors were sure she was mentally retarded although they were not given that information. They liked to work with Wendy but felt they were neglecting their responsibilities to the normal children because Wendy needed so much extra help and attention, especially at the waterfront.

These children are illustrative examples of two instances where the group experience is not being handled well, with, undoubtedly, negative effects on the children involved. However, the circumstances are not particularly unusual. The counselors have some underlying feelings that need to be discussed, either with the camp director or other staff person. In the first instance, John's counselor is not completely in touch with his cabin group, overemphasizing the positive effects of the children feeling John's prosthesis and underplaying or ignoring John's islolation and his cabin mates' assertion that he is "different". In the second instance, Wendy's counselors carry stereotypes about cerebral palsy, assuming that she is also mentally retarded, and somewhat resent giving her the extra attention she needs, feelings which are possibly being subconsciously communicated to other campers.

Curiosity about a child's physical difference is entirely normal and needs to be confronted by a counselor, as John's counselor somewhat did in the preceeding example. If children feel comfortable with their handicapping conditions, they may be able to acquaint cabin mates with their difficulties in a casual fashion. One little girl informed her cabin mates that although she would like to be speedier, she functioned slowly in dressing, schoolwork, etc. Another child demonstrated the operation of his prosthesis to his cabin mates. Once the fellow campers have some understanding of the illness, disability, or handicap, they can be alerted to insulin reaction, impending seizures, and other situations requiring special handling procedures, and how they might help in these situations.

If a counselor can discuss a handicap with campers honestly and without shame or embarrassment, it will lose its aura of mystery. Avoidance of discussion of the condition perpetuates the environment of many homes. It makes both child and peers feel that the problem is too shameful or bad to be discussed. Avoidance, too, can increase children's impressions that the inconvenienced child is "different".

The inconvenienced child tends to be vulnerable and the staff will need to guard against scapegoating by bunkmates and other campers. Children will take many of their cues from the staff, and if the disabled

camper is accepted and appreciated by the staff, the possibility of rejection is lessened. If, however, staff harbor resentments themselves (as in the case of Wendy's counselors), campers can sense this and further reject the individual. Some aspects of rejection that are particularly important to be aware of are:

- Rejection may be an expression of fear on the part of able-bodied children that the presence of a disabled camper in the group may result in less enjoyment for them during the camping period.

- Rejection is less likely to occur if the camper is placed in a group that is not tightly knit and unreceptive to the inclusion of an outsider. One would hope that staff would prevent this from building in any group, as it goes counter to a basic objective of camping. If this situation is allowed to exist, the outsider need not have a handicapping condition to feel rejected!

- Happy campers whose individual needs are being met are less likely to reject a cabin mate.

- Rejection of an inconvenienced child basically is the same phenomenon as rejection of any child and can be dealt with in the same fashion.

- A discussion of differences in people and the fact that we all have strengths and weaknesses might prove helpful.

Rejection should diminish if:

- The rejection is not rewarded by fellow campers or staff.

- Children become familiar with the condition and care required.

- Campers are able to discuss their own concerns, anxieties and feelings with the counselor, and those feelings themselves are not rejected or minimized.

- Campers realize that the presence of an inconvenienced child in their group will not deter them from enjoying a full program.

- The counselor attempts to meet the needs of *all* campers in the group.

A major deterrent to successful group experience and a major cause of rejection is so-called problem behavior, undesirable or anti-social actions of some children who have handicapping conditions. It is important that staff members who are in regular contact with the child possess enough knowledge of the child to recognize the difference between behavior directly related to the handicapping condition and problem behavior requiring the same kinds of approaches that one would use with able-bodied campers. For example, a hard of hearing or deaf child might hit out at children who are not speaking in a position where he/she can read their lips. This is not

particularly appropriate behavior, but is by no means a behavior disorder and can be remedied by reminding others to face the hearing impaired child when speaking. If the counselor is aware of this, much undesirable behavior can be discouraged and prevented from becoming acute.

Staff members at any camp should be apprised of the types of behaviors they are expected to handle and those requiring direct intervention of senior personnel. Unless a camp has staff members with extensive backgrounds in psychiatry or psychology, they probably are not equipped to discern the unconscious drives behind some behaviors. There is danger in playing the game of amateur analyst. If the child's behavior is grossly inappropriate for the occasion and he/she seems unable to modify it, is too overstimulated, or is disturbing cabin mates, removal from the situation will be necessary until he/she appears able to cope. Generally speaking, the majority of undesirable behavior that might be exhibited by an inconvenienced child should be handled in the same manner as one would handle the behavior of an able-bodied child. This would include behaviors such as : unwillingness to participate in an activity, stealing, lying, swearing, cheating, not assisting with cleanup, etc.

Bibliography

1. Rabban, Meyer. "What Camps Can Do To Meet Individual Camper Needs and Still Maintain Group Effectiveness." Camping Magazine 8-9, March 1973.

2. Rickard, Henry C., and Michael Dinoff. "Behavior Change in a Therapeutic Summer Camp--A Follow-up Study." Journal of Genetic Psychology 110(2):181-183, 1967.

3. Rotman, Charles D. "The Problem Camper: To Tolerate, Treat or Terminate." Camping Magazine 16-17, September 1973.

ADAPTING ACTIVITIES

Experienced camp directors and counselors know that all children do not function on the same skill level in any activity; some adaptations to allow for individual differences are needed. Many times these are made without the group even being aware that they are adaptations. Other times the group agrees upon certain adaptations to make an activity more fair for all participants. Still other times, one or two players utilize an adaptation, such as batting a plastic ball with a lightweight bat, with the total group's agreement.

Some children with handicapping conditions will require activity adaptations to ensure their participation. No discussion of adaptations will be presented here based on diagnostic category, however. This can only lead to stereotypes and false expectations of each individual's ability. Within any one diagnostic category, a wide range of abilities can exist. The child's past experiences, home environment, age of onset of condition, and age of parental/professional intervention will influence ability and, consequently, activity adaptations needed far more than diagnostic label. It is, therefore, more satisfactory and fair to the individual if adaptations are based on the activity rather than on the individual's handicapping condition.

Adapting Active Games and Sports: General Suggestions

Most structured games and sports can be modified so that all campers can participate. In adapting activities, leaders should approximate the true activity situation as closely as possible so that inconvenienced participants will feel more like than different from other participants. Leaders should not forget to include inconvenienced participants in the process of developing activity adaptations. In fact, an important learning experience for the cabin or activity group as a whole may be the planning of ways for all group members to participate successfully.

Some suggested general ways to adapt games and sports are:*

- Substitute walking and wheeling for running and skipping.
- A bounce, roll, or underhand toss can be used to replace throwing.
- Reduce distances in such games as horseshoes and ring toss; decrease size of playing area in baseball, tennis, volleyball.
- Assign players with limited locomotor skills to a definite place or position.

*Based on ideas from Dolores Geddes, Physical Activities for Individuals with Handicapping Conditions (Saint Louis, Missouri: The C. V. Mosby Company, 1974); and Janet Pomeroy, Recreation for the Physically Handicapped (New York, New York: The MacMillan Company, 1971).

- Substitute larger and lighter equipment when possible and feasible, such as plastic bats, balls, bowling sets, and horseshoes, and foam balls.

- Have a greater number of players on a team so that less activity is required of each player; or, when abilities allow, have fewer team members to encourage more activity.

- Reduce number of points needed to win a game and substitute freely, allowing campers to alternate rest and play.

- Maintain playing areas so that they are hard, flat, and smooth to facilitate movement of those in wheelchairs.

- Do not allow players to choose teams; this should either be done by a counselor or done by drawing colored pieces of paper out of a hat.

Specific Activity Adaptations

The following are ideas for adapting activities that are typically provided in a camp. These are only very basic ideas to give camp directors and counselors a jumping off point for their own camp programs. Many further innovations are possible within each specific camp setting. Readers will note that some adaptations seem more applicable to individuals with certain specific handicapping conditions; however, most of these adaptations can make the camp experience more pleasurable, successful, and enjoyable for *all* campers.

Archery

- Start a short distance from the target and gradually move further away.

- Put pegs in the ground to indicate foot position.

- Have a set vertical pole against which the hand gripping the bow can be placed for determining direction and elevation of target.

- Recommend the cross bow for campers with severely impaired hands.

Badminton

- Use rackets with shorter handles.

- Tape the racket to the wrist of a camper who cannot grasp.

- Use balloons in initially teaching hitting, progressing gradually to a shuttlecock.

- Decrease size of court.

- Lower the net.

Baseball

- Allow batting with a crutch.
- Have a batting tee for those who wish.
- Increase number of strikes allowed.
- Have substitute runners or buddies to push wheelchairs.

Basketball

- Lower the net.
- Shorten the court.
- Simplify rules.
- Shorten playing time; make substitutions mandatory.
- Use an audible basketball and goal locator.
- Allow two-handed dribbling.
- Allow forwards more time in the key.

Canoeing

- Pair individuals of different abilities (sighted and blind; weak and strong).
- Allow slower groups to start out earlier than faster groups when going on long trips, allowing for more rest periods (this also lengthens the trip and makes it very popular!!).

Hiking

- Establish markers and lines for trails to assist all campers in locating and staying on trails.
- As with canoeing, allow groups containing slower walkers to start out sooner and have a longer trip.

Horseshoes

- Code horseshoes by color and texture to facilitate identification.
- Have a chain link fence behind stakes as a safety measure.
- Use gravel around stakes and grass in between stakes so participants can tell by sound if they are short.

Relay Races

- Use large objects for carrying and passing.
- Shorten the relay distance.
- Have faster runners go twice.
- Use guide ropes to mark walking or running lanes.

Swimming

- Have deep and shallow areas clearly marked with color coded floats and lines.
- Use ramps and rails to assist individuals in entering the water.
- Raise the water temperature in a pool to a warm, comfortable level.
- Have wide, skid proof pool decks.
- Use the buddy system; have campers with higher skills assist in teaching those with fewer skills.
- Emphasize those strokes that the individual's physical abilities best enable him/her to do.

Track and Field

- Have a flat, smooth track surface.
- Initially use individualized practice and instruction.
- Mark lanes with ropes.
- Put sand at the end of a lane so participants will know when the finish line is crossed by sound and feel.

Volleyball

- Lower the net.
- Play with a lighter, perhaps even larger, ball.
- Use an audible ball.
- Allow an unlimited number of hits.
- Allow players to catch the ball.
- Have everyone sit on the ground to play.

Arts and crafts, drama, and music activities typically require fewer adaptations than sports and games because, by their nature, they are highly

individualistic. For this reason, these activities offer some more severly inconvenienced campers a highly successful experience and are prime contributors to enhanced self-esteem. They, however, should be no more overemphasized for inconvenienced than able-bodied campers. Most camps have a traditional dramatic or music activity for campfires and the final night of camp, and this should by all means be continued with the inconvenienced individual assigned a role conforming with his/her ability.

Paul's feet were so badly malformed that he couldn't join his group on hikes. Rather than provide an alternate activity the camp truck brought Paul to the hike's destination so that he could participate in the cookout and story hour, and then was brought back to camp while the others hiked back.

Michael's control of his muscles was so poor that he couldn't possibly hit the ball in baseball. When his turn at bat came, Michael had a large plastic ball thrown to him which he hit with a plastic bat. His counselor ran around the bases with him offering assistance when needed. Some staff members were concerned that this would label Michael as different in his mind and that of his cabin mates. The reality was that Mike and his cabin mates knew that his ability in this area was different. Rather than have him vainly try to hit a regulation baseball with a wooden bat or exclude him altogether, his individual needs were being met.

These examples illustrate ways that one camp adapted physical activities to include inconvenienced youngsters. Both are very satisfactory adaptations. Michael's counselor has obviously discussed this situation with Michael and the cabin group, and they arrived at the adaptation together, which makes it even better! Other possibilities, too, are:

- Have all campers ride back in the truck, not just Paul.
- Schedule activities so that Paul is dropped off at the hike's destination on the way back from another activity, rather than as a special trip.
- Appoint a substitute runner for Michael.
- Use a regulation baseball on a batting tee.

Bibliography

1. Adams, Ronald C.; Alfred N. Daniel; and Lee Rullman. Games, Sports and Exercises for the Physically Handicapped. Second edition. Philadelphia, Pennsylvania: Lea and Febiger (Washington Square, 19106), 1975. 108 pp.

This book was designed as a basic text for general practitioners working with physically impaired, disabled and/or handicappped persons. It presents programs, procedures, and equipment that have been tested in practical situations. After an introductory

discussion of history and principles of therapeutic recreation, specific games, sports and exercises which may be adapted to a particular impairment are detailed. Each piece of equipment is described and diagrammed. All exercises are outlined to describe areas of the body used, positions that must be assumed, and methods of stretching and strengthening various muscle groups. National organizations concerned with the welfare of physically impaired or disabled children and adults are listed in the appendix.

2. American Association for Health, Physical Education, and Recreation and Council for National Cooperation in Aquatics. A Practical Guide for Teaching the Mentally Retarded to Swim. Washington, D. C.: American Association for Health, Physical Education, and Recreation (1201 16th Street, N. W., 20036), 1969. 160 pp. $2.00 (245-08078).

   Developed to help fill gaps in instructional and recreational swimming programs for mentally retarded persons, this guide is a composite of ideas and experience of many individuals who have taught mentally retarded individuals to swim. It incorporates the successful, practical, and functional into a flexible and workable resource. A basic premise of the publication is that there is no single approach for every instructor with every student.

3. Benish, Jean, compiler. Handprints: A Booklet of Recipes for Your Art Programs. Charleston, West Virginia: West Virginia Department of Education (25305), 1973. 100 pp.

   This recipe book covers 100 pages of everything you could always want to know about homemade art materials, but may be too afraid to ask. The recipes include such areas as fixatives, paints, pastes, finger paints, modeling materials, doughs, and miscellaneous "goodies." Most of the recipes call for safe, basic household ingredients and so could be measured and mixed by children. In this way children benefit from working with different volumes and mathematical quantities as well as having an even greater involvement in their own creative expression. Recreation programs can cut down on expenses by encouraging children of all levels and abilities to mix their own materials from the raw ingredients. Also, many of the recipes are for easy-to-clean-up products, which frees the supervisor and artist from the inhibitions caused by clean-up fears.

4. Campbell, June H. Square Knots for Children. Johnstown, Pennsylvania: Mafex Associates, Inc. (111 Barron Avenue, 15906), 1972. 60 pp. $3.95.

   Macrame, the art of knotting, is the subject of this how-to book for teachers and therapists who work with handicapped or non-handicapped children in the primary and elementary grades. Among the benefits of using macrame as a learning or therapeutic activity are: it provides structured visual-motor tasks, it increases flexibility of fingers and hands, the ability to follow directions is enhanced, it emphasizes left-hand discrimination and recall of pattern, and immediate success is realized. Materials and directions are provided

for a variety of projects, such as jar covers, belts, wall hangings, and holiday decorations. Ninety-five pictures illustrate the book.

5. Challenging Opportunities for Special Populations in Aquatic, Outdoor, and Winter Activities. Washington, D. C.: American Alliance for Health, Physical Education, and Recreation/Information and Research Utilization Center (1201 16th Street, N. W., 20036), March 1976. 126 pp. $7.95.

   This publication provides comprehensive listings of information dealing with a broad range of activities which are considered challenging, adventurous, and possibly unusual for impaired, disabled, and handicapped persons. Information about on-going programs, resource personnel, various types of adapted equipment or specific assistive devices, and materials such as publications, research reports, audiovisual aids, and fugitive or unpublished items is included. Materials are organized in eight activity areas including aquatics, winter activities, and outdoor activities--bicycling, fishing, hiking and nature trails, horseback riding, hunting and riflery, mountaineering, orienteering, Outward Bound, and trip, survival, and wilderness camping. Each major section contains an index which is included to systematize and reduce search time for individuals seeking specific information. A composite chart of resource contacts is included at the end which enables readers to identify and locate resource personnel and programs concerned with specific activities and sources from which comprehensive information can be obtained.

6. A Child's Garden: A Guide for Parents and Teachers. San Francisco, California: Chevron Chemical Company, Ortho Division, 1974. 45 pp.

   This guide is neither merely a "how-to-do-it" book nor a bible on gardening; readers are expceted to be imaginative, creative, curious and resourceful. It describes Children's Adventure Garden at the University of California's Blake Garden, and contains a teaching guide for use with the company's film "Growing, Growing." Basic principles of gardening are telescoped in four pages of "A Plant Called Joey Answers Some Questions." Importance of auxins (growth hormones), fertilizers, and organic matter are explained. A "Why Don't We Find Out" section contains experiments to find facts on soil drainage, air in soil, and root development in various types. A short course in propagation by cuttings show that a four year old can share in the marvel of regeneration. "Exploring the Vegetable World" gives advice on setting up a garden laboratory, reading catalogs, free catalogs to send for, and information helpful in growing specific vegetables. Organizations involved in gardening or horticulture are listed and briefly described.

7. Croucher, Norman. Outdoor Pursuits for Disabled People. London, England: Disabled Living Foundation (346, Kinsington High Street, W14, 8NS), 1974. 72 pp.

   Written by a skilled rock climber and mountaineer who had both legs amputated below the knee, this publication details ways in

which physically impaired people can be encouraged to take part in open-air activities in the country or on natural waters. Generally, mechanized transportation is not involved, although a boat is needed for waterskiing and mechanical devices for various winter sports. Safety, insurance, competition, epilepsy, and prosthetic devices are discussed in the introduction. A few of the less common activities mentioned include spelunking, gliding, shooting, bicycling, orienteering, snorkelling, angling, waterskiing, aquaplaning, rock climbing, tobogganing, and rowing. Although the author cites only Britishclubs and organizations, information in the introduction and general advice on each activity are relevant regardless of where one lives.

8. Games and Activities for Retarded and Handicapped Youth. Fairfax, Virginia: Department of Recreation (Playground Division, Special Section), 1975. Available from Information and Research Utilization Center (IRUC) in xerox. $12.00.

This manual describes organizational approaches, procedures and adaptations for various games and activities for use in planning and implementing well structured recreation programs according to available space, weather conditions, and number of participants. Although directed for use with mentally retarded and/or physically impaired children, activities need not be limited to these groups. Included are sections dealing with locomotor activities; mimetics, hunting, and tag games; dramatic games and story plays; rhythmics; ball manipulation skills; soccer activities; activities using lummi sticks, parachutes, skipping ropes, canes, balance beams, hoops, bean bags, and other small apparatus; physical activities such as volleyball, hockey, table tennis, horseshoes, badminton, shuffleboard, stunts and tumbling; guidelines for storytelling, musical activities; organization and suggestions for special events; suggestions for planning activities; recreational swimming, and references for resources to additional games and activities.

9. Gillies, Emily. Creative Dramatics for All Children. Washington, D. C.: Association for Childhood International, 1973. 65 pp.

This book presents six basic principles for using creative dramatics with all children: tuning in the senses; listening and recording; pantomine, rhythms, and movement; presenting a story; discussion and constructive criticism, and working with a child who is open. Through the use of these principles, one is shown how to develop a sequential program of creative dramatics which enables children to learn that speaking aloud with ease and conviction, and interacting with others creatively can bring deep satisfaction. Readers are taken through the processes with three different groups: children for whom English is a second language, emotionally disturbed children, and brain injured children. Twenty resources for creative dramatics are provided.

10. Lindsay, Zaidee. Art and the Handicapped Child. New York, New York: Van Nostrand Reinhold Company, 1972. 144 pp.

Intended primarily for special education teachers, this book may be useful to anyone who provides creative art activities for physically or mentally handicapped children. The author devotes a brief chapter to each of the following conditions: visual handicaps, auditory handicaps, autism, brain damage, and mental retardation. The major portion of the book deals with descriptions, directions for and photographs of art activities for handicapped children. Activities are suggested in the areas of drawing, painting, modeling, carving, placing, printing, and puppets.

11. Metcalf, Harlan G. Whittlin', Whistles and Thingamajigs: The Pioneer Book of Nature Crafts and Recreation Arts. Harrisburg, Pennsylvania: Stackpole Books (Cameron and Kelker Streets, 17105), 1974. 190 pp.

Youth leaders, campers, folklorists, hobbyists and other interested in natural handicrafts are offered history, conservation, technique, and numerous ideas for turning primitive man's handicrafts and implements to modern application and enjoyment. With conservation foremost in mind, the author explains how to gather natural material without damaging its sources. Included are concise descriptions of various trees, plants, shrubs, and grasses best utilized for such exotic folk toys as leaf squawkers, slip-bark whistles, and slide trombone whistles. Cordage making using American Indian techniques, primitive implements and their historical and contemporary uses, boomerangs, walking sticks, homemade archery equipment and fishing methods without modern tackle are major topics covered. Detailed illustrations throughout the volume enhance and simplify presentations.

12. Muhl, William T. "Aquatics for the Handicapped." Journal of Physical Education and Recreation 47(2):42-43, February 1976.

The author differentiates between therapeutic, rehabilitative, recreational, and educational approaches to swimming for handicapped individuals in this article. The therapeutic approach aims to improve physical or mental functioning of the individual. This differs from the rehabilitative approach which has as its goal the restoration of affected body parts to greatest usefulness through modification of swimming strokes. The recreational approach to swimming combines instruction and play to contribute to the individual's total welfare, and the educational approach consists of formal instruction to provide the individual with certain skills. The needs of handicapped persons are listed and discussed with particular reference to how aquatics meets those needs.

13. Neishloss, Lou. Swimming for the Handicapped Child and Adult. Chicago, Illinois: National Easter Seal Society for Crippled Children and Adults (2023 West Ogden Avenue), October 1973. 25 cents.

Introductory sections of this National Easter Seal Society for Crippled Children and Adults Occasional Paper presents general information about physiological and psychological values of swimming for individuals with various handicapping conditions. Subsequent sections deal with basic principles and teaching procedures

for instructing physically handicapped persons. The majority of the contents discusses values of swimming, precautions in teaching, and specific teaching suggestions for conditions such as amputations, polio, paraplegia, cerebral palsy, spina bifida, Legg-Perthes Disease, muscular dystrophy, arthritis, hemiplegia, and scoliosis. Brief sections on facilities, equipment, and teaching aids are included.

14. Newman, Judy. Swimming for Children with Physical and Sensory Impairments: Methods and Techniques for Therapy and Recreation. Springfield, Illinois: Charles C. Thomas, 1976. 187 pp.

Swimming is a recognized contributor to the development of the whole child, even if that child has a physical or multiple handicap. In this publication, ideas and techniques for teaching swimming to handicapped individuals are shared. An introductory chapter discusses ways of relating to the handicapped child. This is followed by an extensive chapter on swim patterning, a method whereby the instructor guides the child's disabled limb(s) through the same basic swimming movements that the non-disabled limbs are performing; numerous diagrams illustrate the method. Separate chapters are devoted to swimming for paraplegic spina-bifida, traumatic paraplegic, multiple birth defect, blind, cerebral palsied, deaf, junior arthritic, and hydrocephalic children. Considerations in planning and conducting swim meets and shows for handicapped children are discussed. Sections on commonly asked questions, terminology, evaluation forms, and lesson plans are also included in the text.

15. Noble, Susan. A Guide to Swimming Instruction for Developmentally Disabled Children. Boston, Massachusetts: Developmental Services Resource Project, Massachusetts Department of Mental Health, Division of Mental Retardation (190 Portland Street, 02114), n.d. 120 pp.

This guide is an attempt to meet the need for specialized material dealing with teaching techniques and skill progressions for developmentally disabled individuals. Recommendations on how to set up and run a good swimming program are included, along with suggestions for teaching skills to swimmers who have had little or no previous experience with the water or with swimming. The guide is divided into three sections. Part I - Why Swim? provides background information on starting and conducting a swimming program. Eighteen types of swimming activities are described in Part 2. The appendices in the third section include a sample swimming release, information sheet and progress chart; teaching suggestions for volunteers; bathtime activities, directions for building a swim platform, a bibliography and an index.

16. Physical Activities for Impaired, Disabled, and Handicapped Individuals. Washington, D. C.: American Alliance for Health, Physical Education, and Recreation/Information and Research Utilization Center (1201 16th Street, N. W., 20036), 1976. 128 pp. $7.95.

This publication contains materials on selected physical activities applicable to and appropriate for participants with a variety of

handicapping conditions. Descriptions of specific activities include modifications for participants with varying degrees and types of conditions. Methods, equipment needs, adaptations, and physical lay-outs are included for each activity. An extensive annotated bibliography describes materials available from easily obtainable journals. Detailed examples of adaptations of activities for individuals with various handicapping conditions are included.

17. Schmidt, Alfred. Craft Projects for Slow Learners. New York, New York: John Day Co. (200 Madison Avenue, 10016), 1968. 84 pp.

    This book presents instructions for setting up a simple crafts program that would enable an unskilled teacher or leader to help any child make something of his own. Objectives of teaching crafts to educable mentally handicapped persons and suggestions for scheduling craft activities, storing supplies, exhibiting projects, and gearing each project to the child's age and ability level are given. Each of the 30 projects includes a list of materials, grade range, illustrated step-by-step directions, a photograph of the finished project, and suggestions for correlating the project with basic skills included in the overall curriculum.

18. Scouting for the Physically Handicapped. 1976 Revision. North Brunswick, New Jersey: Boy Scouts of America, 1976.

    This booklet is designed to help Scout leaders in working with physically impaired, disabled, and handicapped boys, excluding those with visual or auditory handicaps. These are dealt with in separate publications. Social and physical benefits of Scouting for boys with handicapping conditions are discussed. Suggestions for troop leaders of nonhandicapped units and all handicapped units are given. Also presented is information leaders need to know about the boy's handicaps, and brief descriptions of common physical impairments. Included in the appendix are a checklist of abilities and limitations, resources for working with special populations, and organizations for persons with handicapped conditions.

19. Spinelli, A., and J. Earley. "Dual Nature Trails Use Both Braille and Printed Markers for Use of Visually Handicapped Campers." Camping Magazine 44:19, March 1972.

20. Taylor, Carla. Rhythm: A Guide for Creative Movement. Palo Alto, California: Peek Publications, 1974. 86 pp.

    This book describes techniques in movement and dance designed to help develop a strong, positive self-image and a congenial group atmosphere in young children. The author's six-step approach includes (1) getting the group ready (Warm Up). (2) using the total body (Firm Up), (3) building self-confidence and communication (Build Up), (4) relaxation (Let Up), (5) individual dances (Zoom Up), and (6) the closing (Sum Up). Sections on rhythm games and

dances while seated, sequences for preschool children, classroom related subjects, props, and helpful hints are included. A section on physically handicapped children includes suggestions for youngsters in wheelchairs or with limited limb movement, hearing impaired, mentally retarded, visually impaired, and aged participants. Helpful appendices include suggested starters and records to accompany sequential steps, a record bibliography, and appropriate references.

21. van der Smissen, Betty, and Oswald H. Goering. A Leader's Guide to Nature-Oriented Activities. Ames, Iowa: The Iowa State University Press, 1974. 219 pp.

The wide variety of practical approaches to getting acquainted and working with the natural world presented in this book can be followed by professional and volunteer leaders alike. Important elements in developing a program such as participants, purpose, sponsor, and leadership are covered in the first part of the book. In addition, an overview of nature-oriented program services and sections on interpretive programs and community resources are presented. Activities such as nature crafts, games, outdoor living skills, projects and hobbies, and outing sports comprise the major portion of the guide. A final section on program varieties deals with campfire programs, outings and day camping, family camping, Indian life, nighttime activities, and winter activities. Selected references on campfire programs, day camping, family camping, Indians, winter activities as well as pleasure reading books for children and adults complete the book.

22. Wade, R. J. "Planning for Cookouts: Physically Handicapped Children Camp." Camping Magazine 40:30, April 1968.

ADMINISTRATIVE CONCERNS

The Facility

In meeting needs of the inconvenienced camper, a minimum requirement is that the camp meet the physical standards for accreditation set forth by the American Camping Association (ACA). The ACA and National Easter Seal Society for Crippled Children and Adults are currently developing standards and modifications for camps serving individuals with orthopedic impairments, which should provide needed assistance in this area.*

Some camp directors may feel that they are not suitably equipped to accommodate persons with physical, mental, or emotional conditions in their programs. Their concern generally focuses on the actual physical facility and modifications that would be needed. Only a brief discussion of some considerations which make a facility accessible is possible in this publication; for individuals requiring more detailed information, the bibliography following this section should be of help. It is interesting to note that most considerations which make a camp facility accessible to and usable by inconvenienced persons also make the camp more usable by able-bodied individuals.

- *Rest Rooms*--must have a turning space of 60" x 60" to allow passage of persons in wheelchairs; at least one toilet staff must be three feet wide, at least 4'8" deep, having a 32" wide door that swings out; grab bars must be on either side of the stall parallel to the floor, the toilet seat being 20" from the floor; hot water pipes should be covered or insulated.

- *Water Fountains*--the upper edge of the basin should be no more than three feet above the floor with controls and spout at front.

- *Doors and Doorways*--doors should have a clear opening of no less than 32" when open and should not require unreasonable strength to open.

- *Ramps*--should be provided in lieu of or in close proximity to steps; should slope no greater than one foot rise in 12 feet and have handrails on at least one side.

Staff Requirements

A minimum requirement for a camp serving one or more children with handicapping conditions is a registered nurse on staff. If a physician is

*For additional and up-to-date information contact the American Camping Association, Bradford Woods, Martinsville, Indiana, 46151; or National Easter Seal Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, Illinois, 60612.

not part of the camp staff, one should be readily available. As in any camp, it is preferable for the director and some supervisory staff to have a background in child development, education, or work with youth. The availability of qualified recreation and physical education resource personnel will add to all children's enjoyment of the camp experience. Refer to American Camping Association accreditation requirements for staffing of residential camps for detailed information.

The Director. One of the critical criteria of whether or not the inconvenienced camper will have a worthwhile experience at camp will be the flexibility of the camp director in terms of cabin placement, program, and approach. The director's willingness to try a variety of possibilities will be understood by the staff who, in turn, will be more likely to be flexible. Since there are no set rules whereby the child can be guaranteed a successful experience, a variety of possibilities may have to be tried before the most acceptible solution is found.

Flexibility should not be equated with lack of consistency, however. Especially in cases of behavior problems, the approach to dealing with problems cannot be changed each time the problem arises. It is better to be consistent in dealing with the problem and, if the particular approach simply does not work after numerous trials and failures, then determine an alternate approach.

> *Jack is a disturbed boy who had lived in twelve foster homes in ten years. He had made an acceptable adjustment to day camp, except for his swearing which the director felt was unacceptable in his camp. Jack was told that the next time he swore he and his belongings would be moved home until he felt that he could function as a camper without swearing. Five days later, Jack began swearing extensively. He and the director collected Jack's belongings and he was returned home in the middle of the day. He missed being in a play the following day but returned to camp forty eight hours later and refrained from swearing the remainder of the summer.*

In addition to providing a model for flexibility and consistency, the camp director must serve in a highly supportive role for counselors and other staff. Initially, some staff members may feel uncomfortable with some of the campers and they should be assured that such feelings are normal. Generally, these feelings quickly disappear once the staff member has an opportunity to get to know the child as an individual, is able to see beyond the handicapping condition to the person, and senses the acceptance of camp director and senior staff members to the child. Even with support, however, an occasional counselor may prove unable to work with a specific child, in which case it is best for the director to place the child in another cabin group.

Other staff members hired by the director may also provide support and direction for counselors in helping them deal with their feelings. These individuals include experienced float or spare counselors, the camp nurse, and psychologists or social workers used on a consultative basis.

Counselors. All of the same qualities and skills required of counselors in camps for the able-bodied are required of counselors in integrated camps. These qualities include enjoyment of outdoor living, outdoor knowledge and skills, leadership ability, emotional maturity, responsible attitude. Since it is extremely difficult to assess these qualities in the course of an interview, camp directors should get recommendations from teachers, former employers, and others who know potential counselors well.

It has been found that individuals who profess to want to "help" inconvenienced persons are not always the most effective staff members. They may try to do too much for the person and create a negative atmosphere of pity or hostility. Certainly, an individual who expresses abhorrence to inconvenienced persons will not fit into an integrated camp, but neither should the potential counselor whose helping attitude is overwhelming be too readily hired.

Counselors do not need any special academic background to work with inconvenienced individuals. Students preparing for careers in health-related fields or special education are often first considered to work in integrated camps, but any individual possessing the necessary personal qualities should, in actuality, be considered. Any potential counselor should definitely be told of the camp's policy of integrating inconvenienced and able-bodied youngsters.

Other Staff. The kitchen and maintenance staff of an integrated camp should not need any alterations when inconvenienced campers are being accommodated. Whether or not extra staff to work directly with campers will be needed depends upon the camp's usual staff-camper ratio, the number of inconvenienced youngsters that will be enrolled, and the degree of independence the youngsters have. Generally speaking, if a camper feasibly can be accommodated without assigning an extra staff member, it is preferable. The presence of a *personal* counselor serves to accentuate differences and decrease the possibility of positive interaction with cabin mates.

If additional staff are required to provide individual attention, staff relief, and coverage, it is preferable to assign the extra staff member to the total cabin group rather than to the inconvenienced child. Possibly extra coverage may be needed only at specific times of the day. This need is met by the Girl Scouts of Chicago in offering an opportunity to their fifteen and sixteen year old campers to participate in the "aide to the exceptional child program". The aide joins the cabin group at predetermined times to provide the physical assistance that is needed.

When full-time additional staff members seem to be needed the cost can be met in a variety of ways. If an agency, church, service club, or industry is sponsoring a campership for the individual to attend camp, the campership could include the salary of an additional staff member. A number of colleges now have work-study programs from which mature staff can be recruited at a reasonable salary. A student in education, psychology or recreation might receive credit for field study course requirements as a member of the camp staff, if the camp is prepared to provide supervision and evaluation. The area Easter Seal Society might supply a staff member.

Tracey is an autistic nine year old girl graduating from a special education class into regular school. She was placed with a cabin group of eight year old girls and an extra junior counselor was assigned to the group as a whole. Tracey was handled as a member of the total cabin group by the counselors, but whenever her behavior became unduly disruptive, the extra junior counselor would remove her from the group. The supervisor worked with all three counselors assigned to the cabin on handling procedures, concerns, and feelings.

Ruth had lost a kidney because of cancer. Chemotherapy treatment left her very vulnerable to infection. No extra staff were assigned to her group. However, when the group went on an overnight, an extra staff member accompaned them to return Ruth to camp in the event of rain or if she became ill. Otherwise her counselors, section head, and the camp nurse were able to exert sufficient precautions that she did not become chilled, and was removed from possible sources of infection.

Insurance and Protection

It is assumed that all camps carry liability insurance. When a camp director enrolls inconvenienced individuals it is important that the insurance company be informed of this fact and the details of medical coverage at the camp, as well as the presence of additional trained professionals on the camp staff. In the event of an accident, the insurance company then cannot accuse the director of withholding such facts. Each director must check with his or her insurance company to determine special needs in this area.

Evaluation Procedures

Most inconvenienced children who have been selected to attend a non-specialized camp are able to remain in the camp for the camping period and have an enjoyable and enriching experience. Some areas that the director will want to evaluate at the conclusion of the camp experience are:

- Change in behavior.
- Change in physical ability (gross and fine motor skills).
- Social skills acquired.
- Effectiveness in groups; effectiveness in individual activities.
- Change in amount of staff time required.
- New hobbies or interests developed.

Although it is not always realistic or possible to keep an evaluation of each camper, this is certainly recommended for demonstrating (1) the benefits and values of camping for all youngsters and (2) the benefits and

values of integrated camping for all youngsters. An evaluation form should be filled out by the same person (director, counselor, psychologist) at the beginning and end of camp. Possible evaluation forms are reproduced in Appendix D. Forms may be shortened, lengthened, or adapted in some other way to meet each camp's needs.

Bibliography

1. Burnes, A. J. "A Pilot Study in Evaluating Camping Experiences for the Mentally Retarded." MR/Mental Retardation 4(4):15-17, August 1966.

2. Fact Sheet--Camping Programs. San Francisco, California: Recreation Center for the Handicapped (207 Skyline Boulevard), 1972. Available from Information and Research Utilization Center (1201 16th Street, N. W., Washington, D. C., 20036) in xerox form. 80 cents.

   Philosophy, aims, objectives and a daily schedule for the day camping program conducted at the Recreation Center for the Handicapped (San Francisco, California) are presented. Philosophy, goals, program planning, and activities for trip camping are also included in this fact sheet. General aims and objectives of residential camping, program implementation, and activities for different groups of impaired, disabled, and handicapped children, youth, and adults are discussed.

3. Heller, John H., E. H. Reginer, Russell W. Smith, Owen S. Trask, and Glenn Catlin. Camping with a Purpose--A 4-H Handbook. Washington, D. C.: U. S. Government Printing Office, 1972. 43 pp.

   This publication is for extension personnel, camp boards of trustees, committees, directors, teaching staff and counselors. Since 4-H camping varies in emphasis, structure and administration across the country, this information is flexible enough to be adapted to varied situations, and can be applied to non-4-H camping as well. Topics discussed include: administration, staffing, program development, camp traditions, camp standards, health and safety, publicity, costs, and camping for low-income youth. Suggested workshop formats for camp staff are included in the appendix and references are presented in each chapter as well as at the end.

4. Maximum Utilization of Camp Facilities. Chicago, Illinois: National Easter Seal Society for Crippled Children and Adults (2023 West Ogden Avenue), 1973. $1.50.

   This publication consists of edited transcriptions of selected presentations made extemporaneously at the 1973 Institute on Camping and Recreation sponsored by the National Easter Seal Society for Crippled Children and Adults. Major purpose of this Institute was to encourage and stimulate long-range planning for maximum use of camp facilities to extend services to individuals and groups already reached and to expand programs to include others

not being served. Specific papers include "Program Extension in New Jersey," "Planning a Year-Round Facility in Connecticut," and "Easter Seal Potential in School Camping." A companion publication based partially on Institute proceedings is available and entitled, Year Round Recreation Programs for the Handicapped.

5. Nesbitt, John A.; Curtis C. Hansen; Barbara J. Bates; and Larry L. Neal. Training Needs and Strategies in Camping for the Handicapped. Eugene, Oregon: Center of Leisure Studies (1587 Agate Street), 1972. $3.50.

   This collection of 28 position papers represents 7 areas: research, participation and programs, philosophy, development, integration, operations, and training. Contents include a review of literature on camping for the handicapped, a status survey of the national state of the art, position papers, and work group interaction and reports. Appendix and bibliographical materials provide meaningful information for practitioners at the grass roots level.

6. Physical Education and Recreation for Impaired, Disabled, and Handicapped Individuals: Past, Present, Future. Washington, D. C.: American Alliance for Health, Physical Education, and Recreation/ Information and Research Utilization Center (1201 16th Street, N. W., 20036), 1976. 432 pp. $9.95.

   This publication contains a report which was presented at the annual National Therapeutic Recreation Society Congress in Denver, Colorado, during October 1974. Included in the report are: (1) a Statement of Concern identifying major problem areas and general recommendations for future action by NTRS and other groups concerned with camping for handicapped persons; (2) a Summary of a comprehensive review of the literature and research dealing with program, personnel, training, legislation, and research; and (3) an extensive (602 entries) indexed Bibliography on camping for handicapped persons.

7. Pomeroy, Mrs. Morris. Report of Camp Spindrift: Summer Day Camp for Retarded and Handicapped Children, July 15-August 30, 1968. San Francisco, California: Recreation Center for the Handicapped, Inc. (207 Skyline Boulevard, 94132), 1969. 53 pp. Available in hardcopy (xerox) from Information and Research Utilization Center, 1201 16th Street, N. W., Washington, D. C., 20036. $5.30.

   The report is intended to serve as a document for recreational and other professional groups to demonstrate that day camping can be achieved with the severely retarded and handicapped. Emphasis is placed on success of the camp and the rewards gained by such an experience. Comments by parents, campers and staff reinforce the conclusion that camping for the handicapped can be a successful undertaking. Information pertaining to the history of camping programs at the Recreation Center for the Handicapped, Inc. is given. Further attention is placed on day camp, pre-planning camp enrollment, leadership, programs, facilities, transportation, publicity, equipment and supplies, camp budget and forms, records and reports.

8. Recreation Center for the Handicapped, Inc. Day Camp Report--1974. San Francisco, California: the Center (207 Skyline Boulevard, 94132), 1975. 17 pp. Available in xerox from Information and Research Utilization Center, 1201 16th Street, N. W., Washington, D. C., 20036. $1.70.

   The purpose of this report is twofold: to give a detailed accounting of the activities of Recreation Center for the Handicapped, Inc. Day Camp, 1974 and to make recommendations for future Day Camp programs. Aims and objectives of the program are given along with a description of small group and total camp activities. These activities include camp craft skills, field trips, hikes, overnights, games and sports, drama and storytelling and special events. Sections on parent involvement; transportation; facilities, equipment, and supplies; finances; camp forms; evaluation and recommendations are also contained in the report.

Sources on Removal of Architectural Barriers

1. Building for the Handicapped. Cambridge, Massachusetts: The Architects Collaborative (46 Brattle Street, 02138), n.d.

   Detailed, heavily illustrated guide for anyone concerned with planning buildings and public spaces. Contains tabulation of specific requirements by various state and federal agencies and jurisdictions.

2. Construction Details: Planning for the Handicapped. White Plains, New York: Westchester Easter Seal Society for Crippled Children and Adults (202 Mamaroneck Avenue, 10601), 1972. 10 pp.

3. Jorgensen, Jay. Landscape Design for the Handicapped. McLean, Virginia: American Society of Landscape Architects Foundation (Publications Order Department, 1750 Old Meadow Road, 22101). 60 pp. $5.50.

4. Kliment, Stephen A. Into the Mainstream: A Syllabus for a Barrier-Free Environment. Washington, D. C.: U. S. Department of Health, Education, and Welfare, Social and Rehabilitation Service (330 C Street, S. W., 20201).

5. Worsley, John C. Checklist and Graphic Illustrations. San Francisco, California: California Council AIA (1736 Stockton Street, 94133). 18 pp.

   Succinct guidelines for spaces that call for special attention, such as public dining rooms, dormitories.

AUDIOVISUAL MATERIALS

The following annotated listing provides information about films and filmstrips related to or having implications for camping and outdoor education/recreation programs for impaired, disabled, and handicapped persons. Some listings deal with normalization principles and procedures, including integrating inconvenienced and abled-bodied populations. Other listings describe specific camp programs and activities in segregated settings; still others focus on facilities, methods, adaptations, or administrative procedures. Regardless of emphasis, contents of all listed films are appropriate to and applicable for persons interested in camp or outdoor education/recreation program in integrated settings. A more comprehensive Annotated Listing of Films in Physical Education and Recreation for Impaired, Disabled, and Handicapped Persons is available from American Alliance for Health, Physical Education, and Recreation Publication Sales, 1201 Sixteenth Street, N. W., Washington, D. C., 20036, for $7.95.

Readers aware of other films or media presentations that are not listed here are encouraged to send information about them to AAHPER Consultant on Programs for the Handicapped at the above address. This information and these materials will be reviewed and then processed in appropriate ways through AAHPER/IRUC.

1. All My Buttons (16mm, sound, color, 28 minutes).
National Association for Retarded Citizens, 2709 Avenue East, P. O. Box 6109, Arlington, Texas, 76011.

This film version of a televised public forum presents problems of custodial residential facilities for mentally retarded adults and discusses difficulties encountered by many retarded adults in the community. A great deal of emphasis is given to off the job hours and the potential of community programs and activities for improving life styles of many mentally retarded adults. Efforts are made to provide information for building positive attitudes toward and for eliminating misconceptions about mentally retarded persons; retarded adults have the same need for companionship and fun as other people. Implications for and challenges to recreation personnel are presented. How many recreation programs are open and available to retarded adults? To what degree are retarded adults being helped to enjoy living and life? How are they being helped to manage increased freedom in the community? Approaches for enabling retarded persons to become a part of communities are discussed. No longer can the waste of human lives and personal potential be rationalized or justified. Basic tools to change behavior of both retarded persons and the lay public are available. Public acceptance must be obtained if any type of community integration is to be attained. Throughout this film many statements are presented to stimulate discussion and debate about both general and specific ways to meet the varied needs of mentally retarded adults.

2. Camp Friendship (16mm, sound, color, 13 minutes).
Minnesota Association for Retarded Children, 6315 Penn Avenue South, Minneapolis, Minnesota, 55423.

Shows activities and programs conducted at a residential camp for mentally retarded children and adults owned and operated by the Minnesota Association for Retarded Children, Inc.

3. Camp Towhee (16mm, sound, black/white, 28 minutes).
Mrs. Doreen Kronick, 306 Warren Street, Toronto, Ontario, Canada.

This film shows activities at a camp for children with learning disabilities. Illustrated are a multisensory approach for language problems, gross motor activities, perceptual activities, fine motor skill activities, swimming, and group recreation. Also included is a section on parent involvement and a studio discussion with Dr. Marvin Goodman.

4. Challenge: A Camp for All Seasons (16mm, sound, color, 12 minutes).
Easter Seal Society of Florida, 231 East Colonial Drive, Orlando, Florida, 32801.

Camp Challenge is a recreation and rehabilitation facility in central Florida supported by the Easter Seal Society of Florida; its program is designed to challenge both children and adults with a variety of impairments and disabilities. A general camp program routine is followed for two-week sessions which provide opportunities for each camper to participate in many activities--arts and crafts, nature, aquatics, small craft, fishing, dancing, archery, bowling, and other recreational sports. The therapeutic design of the swimming pool affords multiple use; wooded and play areas complement nature and outdoor activities; an artificial lake creates opportunities for experiences in small craft and fishing; buildings are functional as well as aesthetic. A highlight of each session is a colorful Olympics in which all campers participate enthusiastically in competitive events by skill and ability levels. Emphasis is on personal concern for campers through a great deal of individual and group contact and interaction. Another feature of the camp is a Center for Learning and Training in which parents are actively involved with specialists in speech, hearing, and vision. A special camp session is held for stroke victims. Training implications for medical, paramedical, professional, and volunteer personnel are evident and mentioned; however, there is no elaboration on such program opportunities. The film presents camp facilities, shows campers in activities, and depicts a general overview of camp management and support that will be useful for promotional purposes and general audiences.

5. Conversations with Deaf Teenagers (16mm, sound, color, 15 minutes).
Department of Special Education, Western Maryland College, Westminister, Maryland.

A group of deaf teenagers attending Swan Lake Camp (Minnesota) discuss their personal hopes, aspirations, and directions. Key points

and issues surfaced included need to emphasize services to hearing impaired children in primary school departments; need to have deaf teachers throughout all school levels; problems of being left-out even in one's own family; problems and relationships with hearing and/or deaf parents; and desire to interact with hearing peers and classmates. Activities in which these young people are shown participating at camp include exercises and calisthenics, a soft-ball game, boating, meal time, and on several field trips.

6. Concept Development in Outdoor Play (16mm, color, sound, 20 minutes). Campus Film Distributors, 2 Overhill Road, Scarsdale, New York, 10583.

An outdoor environment can enhance many types of play; a planned outdoor play program has much to add to the total school experience. Activities such as water play, sand play, woodworking, music, rhythm, and nature study are better carried on in the out-of-doors for a variety of reasons: children have more space and freedom to play, less clean-up is required afterwards, and noise during play is less noticeable outdoors. Concepts learned through active participation in play activities are demonstrated in the film. For example, hammering nails enhances hand-eye coordination; nature study teaches respect for living things through direct experiences; play with large equipment--i.e., carts, barrels, tires, logs--encourages dramatization and imagination; sand play fosters use and practical knowledge of volume, weight, and shape. This film offers viewers a wealth of activity ideas to enhance concept development of young children. Although no impaired, disabled, or handicapped children appear in the film, all activities shown are entirely appropriate for these children.

7. Discovery (sound/filmstrip kit).
Kristine A. Bott, Discovery Through Outdoor Education, Macomb Intermediate School District, 44001 Garfield Road, Mt. Clemens, Michigan, 48043. $35.00 (includes Discovery manual). Make checks payable to Special Education Department, Macomb Intermediate School District.

This filmstrip kit consists of two audio cassettes, four filmstrips, and scripts for the sound/filmstrip presentation. The sound/filmstrip can be operated manually or, if pulsed equipment is available, it will run automatically. The filmstrip kit is one part of the set of dissemination materials developed by the Title III project "Discovery Through Outdoor Education." Filmstrips included in the kit are titled, An Overview, History and Philosophy, Curriculum, and Disability Considerations. They provide a brief overview of materials contained in the Discovery Manual which suggests methods and procedures in the sequence necessary to set up and carry out outdoor laboratory experiences with special education students. Pictures depict various scenes at the Macomb Intermediate School District's outdoor laboratory site and participation of special education students in all types of outdoor activities. Narration corresponding to filmstrips describes how the "Discovery Through Outdoor Education" project began, background information, how a suitable laboratory site was chosen, considerations for initiating the program, activities included in the curriculum (academic subjects, physical education,

arts and crafts, nature/ecology, and camping skills), and special considerations necessary in planning a program and selecting site and facilities for disabled children.

8. Harmon Summer (16mm, sound, color, 28 minutes).
Easter Seal Society for Crippled Children and Adults of Santa Cruz County, P. O. Box 626, Santa Cruz, California, 95061.

Camp Harmon is a summer camp for physically impaired boys and girls, men and women, ages six through 55. The camp is located in the Santa Cruz (California) Mountains and is sponsored by the Easter Seal Society of Santa Cruz County. All age groups attend camp at the same time for two week sessions. This film shows the various activities engaged in by campers, some of whom are severely handicapped: crafts, swimming lessons, aquatic games, boat rides, evening campfire, feeding animals, horseback riding, and Mardi Gras party. Campers are also actively involved in and obviously enjoying activities formerly not associated with severely handicapped individuals, such as food fights, wheelchair dancing, football, and real rough-and-tumble wrestling matches and horseplay. The close relationship between campers and counselors and between the campers themselves is particularly evident in the film.

9. Into the Sunlight (16mm, sound, color, 15 minutes).
Ontario Association for Retarded Children, 55 York Street, Toronto 1, Ontario, Canada.

Canada's first professionally produced film on mental retardation shows summer camp for retarded children at Belwood, Ontario.

10. Learning Is Observing (16mm, sound, color, 20 minutes).
Bradley Wright Films, 309 North Duane Avenue, San Gabriel, California, 91775. Purchase $220; Rental $35 per week.

Perhaps the most important skills to be taught are those of observation--learning to look, touch, taste, smell, and listen. In the past, teachers often assumed that all normal children acquired these skills automatically. Now with abundant evidence to the contrary, teachers accept the theory that observation skills can and should be taught. This film is designed to help teachers translate that theory into effective practice. Skills taught are especially usable by camp counselors and outdoor recreation education personnel. Children are taught to use their five senses to explore--first in an outdoor setting and then later with nature materials in the classroom. From observation the teacher takes the children to cognitive formation about life and life cycles. The children are encouraged to be creative in their learning with an emphasis on resourcefulness.

11. A Little Slow (16mm, sound, color, 16 minutes).
Association-Sterling Films, 600 Grand Avenue, Ridgefield, New Jersey, 07657.

This film deals with *human rights* that society has denied mentally retarded persons of all ages throughout the ages. Although progress

has been noted in many areas and activities, it has not reached the level of equal opportunity and elimination of discrimination despite numerous lawsuits and legislation at both federal and state levels. Young mentally retarded adults discuss what mental retardation is and what it isn't. Others express their feelings about school, work, voting, love, and families. Still others discuss peonage that they have been exposed to and how others had to so something about it. Effects of young children being picked on at school and on the playground are vividly shown. Approaches and action programs going on in many localities to counteract these situations are presented. Mentally retarded persons are developing skills so that they can live in community half-way houses; taking part in normal neighborhood activities is another road to normalization. Citizen advocates and advocate groups are pressing to have laws updated and defending mentally retarded individuals as people with rights. Although the importance of legal mechanisms such as equal protection and due process under the law come through loud and clear, true progress is dependent upon changing attitudes of the lay public toward those who are different so that they can live their lives as normally as possible.

12. Mt. Hood Kiwanis Camp (16mm, sound, color, 12 minutes).
Steve Brannon, Department of Special Education, Portland State University, Portland, Oregon.

Although designed as a communication, public information, public service film, much of the *what, why,* and *how* of camping for impaired, disabled, and handicapped children is presented. Kiwanis Clubs throughout Oregon have supported this camp since 1932. Operation of the camp shows interdisciplinary, multiagency teamwork at its best. Kiwanis Clubs provide facilities, assist with fund raising, construct and repair facilities, and do many general and specific tasks in support and operation of the camp. Students from Portland State University, high school classes, Key Clubs, and volunteers provide competent and dedicated staff. This residential camp serves children will all handicapping conditions so as to emphasize independence of campers who often are away from home and their parents for the first time. Plans have been made to expand camp program and activities to a year-round basis to meet needs of these youngsters throughout the year, not simply during the summer. Fulfillment of the Kiwanis motto, *We Build,* is reflected throughout the film as campers are shown hiking, back-packing, fishing, swimming, singing around the camp fire, doing skits, taking part in nature activities, participating in arts and crafts activities, cleaning cabins and the camp site, negotiating an obstacle course, shooting in archery, and playing softball.

13. New Experiences for Mentally Retarded Children (16mm, sound, black/white, 36 minutes).
Film Production Service, State Department of Education, Richmond, Virginia.

Classroom activities and a summer camping program are integrated into a meaningful learning experience for a class of trainable

retarded children enrolled in a public elementary school. Shown is the film are: (1) classroom work which preceded the camping experience, (2) teachers meeting with parents to acquaint them with the camp program, and (3) children participating in many camp activities emphasizing each as a learning experience. Also shown are nightly staff conferences to evaluate the day's activities and to plan the program for the next day.

14. Normalization (16mm, sound, color, 15 minutes).
Atlanta Association for Retarded Citizens, 1687 Tully Circle, N. E., Atlanta, Georgia.

Acceptance of differences in other people is the basic theme of this film. Although presentations are applicable to all developmentally disabled individuals, mentally retarded persons are used as bases for discussions. The concept of normalization is presented along with criteria for implementation. Basic requirements for the normalization process include group homes in communities for adults--the most important link in the process--and adoptive homes for children. Other needs and requirements for normalization include advocates, a balanced school day, comprehensive services involving physical and recreation specialists, vocational training centers, spiritual guidance, medical attention, guaranteed voting rights, and opportunities for wholesome use of leisure. Every individual is entitled to as normal life as each can handle and enjoy in gaining acceptance and understanding of other people.

15. Not Just A Spectator (16mm, sound, color, 26 minutes).
Town and Country Productions, 21 Cheyne Row, Chelsea, London, 3W3 5HP. Available in United States from International Rehabilitation Film Library, 20 West 40th Street, New York, New York, 10018. Purchase $350; Rental $20.

Within their own capabilities some disabled people have distinguished themselves in national and international sports competition. However, because of lack of leadership, inaccessible facilities, and inadequate transportation, the majority of disabled people have been denied chances to take part in--or even try--physical recreation activities. This film, produced in cooperation with the Disabled Living Foundation (London), shows something of the many--between 40 and 50--and sometimes unlikely activities that challenge, give personal satisfaction, and provide pleasure to a great number of people with different handicapping conditions. Whether mountain climbing, playing basketball, angling, sailing, kayaking, caving/spelunking, wheelchair dancing, or taking part in less strenuous bird watching or checkers; transportation, facilities, adapted devices, and leadership are available. Able-bodied and disabled participate together; sensible adaptations of usual activities are presented; and similar leisure interests of able-bodied and disabled are emphasized. Social and physical benefits of active participation and what can be achieved pervade the basic message of this film--sports and recreation help make the life of a disabled person worth living.

16. Out of Left Field (16mm, sound, color, 7 minutes).
American Foundation for the Blind, 15 West 16th Street, New York, New York, 10011. Purchase $25; Rental $6.00.

This film, narrated by Peggy Cass, is based upon American Foundation for the Blind sponsored workshops in Baltimore, Maryland, and Raleigh, North Carolina, which emphasized integrating blind and visually impaired youth with their sighted counterparts in community-based social, recreational, and athletic activities. These workshops had actual demonstrations of typical recreational and athletic activities conducted on an integrated basis. Representative of demonstration activities shown in the film are trampoline, rhythms, cards, baseball, basketball, chess, music, swimming, diving, bowling, tether ball, pool, wrestling, singing, and dancing. Panel discussions of blind, visually impaired, and sighted youth feature discussions of how they meet problems of integration in these activities.

17. Outdoor Play--A Motivating Force for Learning (16mm, sound, color, 19 minutes).
Campus Films, 20 East 46th Street, New York, New York, 10017.

Outdoor play is a limitless learning experience in which children interact with *things and peers*. Children from the Early Childhood Center (Queens College, New York) explore an outdoor environment as they challenge themselves with feats of balance, strength, endurance, and locomotion. Use of homemade or natural equipment is shown throughout the film. Children at different ability levels participate in non-competitive activities using logs, horizontal bars, ropes, and obstacle courses. Each child uses equipment he or she has built in very personal and individual ways. Developmental differences are obvious as various age groups use the same equipment. Confidence through successful play motivates the child to reach out and accept new, more daring challenges.

18. Partners in Play (16mm, sound, black/white, 20 minutes).
United States Public Health Service, Audio-Visual Center, Chamblee, Georgia.

Experiences of personnel at Parsons State Hospital (Kansas) in successfully obtaining a community recreation department's cooperation and support for integrating 65 mentally retarded and 70 non-retarded residents in a standard summer camping program are shown and discussed. Included are sequences depicting methods, approaches, and procedures used in organizing and administering the camp, orienting the staff, and conducting activities. Emphasis is on effective activities and approaches and the role of play in growth and development of all children, including the mentally retarded.

19. Paula (16mm, sound, color, 7 minutes).
March of Dimes National Foundation, Box 2000, White Plains, New York, 10602.

Paula, five year old poster girl of the National Foundation, tells her own story in collaboration with her mother. Despite severe birth defects--open spine, club feet, and water on the brain--she is shown taking part in activities at home, in school, and at play with her parents, brother, and classmates in regular school and community programs.

20. Pine School Summer (16mm, sound, black/white, 10 minutes). James Andrews, 219 River View, Iowa City, Iowa, 52240.

This film records two phases of a summer school outdoor education program for culturally disadvantaged educable mentally retarded children. Phase I deals with instruction in the classroom and on the playground in science, recreation, camping, and homemaking as each relates to camping and outdoor education. In Phase II, nature activities, hiking, fishing, other types of recreational activities, and camp chores are shown in the camp setting. Phase III, not shown in this film, consists of a reevaluation of participants and their evaluation of the project.

21. The Promise of Play (16mm, sound, color, 22 minutes). Bradley Wright Films, 309 North Duane Avenue, San Gabriel, California, 91775.

This is a film report on a Title VI ESEA program of physical education for orthopedically impaired children at Loma Vista School, Palo Alto (California) Unified School District. The program shown is designed to (1) involve severely disabled children in games and activities enjoyed by their peers, (2) adapt equipment and activities to help each child succeed, (3) integrate orthopedically involved children more fully into regular school programs through games and sports, and (4) teach specific skills to enhance each child's physical health and self-image. In addition to a variety of developmental activities in which an orthopedically impaired second grade youngster practices different physical and motor skills, the film shows the child participating with second grade classmates in relays which emphasize that individual differences do not need to keep people apart. As one of a team, every youngster must do his or her part.

22. Readin' and Writin' Ain't Everything (16mm, sound, color, 22 minutes). Detroit Film Collective, 2680 West Grand Boulevard, Detroit, Michigan, 48208.

This documentary film provides an enlightening look into mental retardation from personal and community view points. A young man presents his view of life in a typical custodial, residential facility in which there is much rocking, bizzare behavior, and head banging. When he gets out, "...it felt like a million..." as he became free, independent, and dependable. He is shown working at a hospital, in his own apartment where he has privacy, and in a second job as a bus boy because of need for more money to meet expenses. Even though he can't read or write, he can work and make it on his own in the world. New approaches and description of other programs

in Michigan are discussed. Other examples emphasize the variety of activities in full services programs for mencally retarded children. Parents discuss their own children who cover a wide age range. The film is a vehicle for creating greater understanding of mental retardation and a tool for fostering and supporting progressive programs and full community services for retarded persons.

23. Scouting Unlimited (slide-audio cassette, color, 15 minutes). Boy Scouts of America, North Brunswick, New Jersey, 08902. Purchase $9.80.

This slide/cassette presentation on Scouting for mentally retarded boys was developed cooperatively by the Boy Scouts of America and National Association for Retarded Citizens. As mentally retarded boys are seen actively involved in all three Scouting programs--Cubs, Boy Scouts, and Explorers--many misconceptions about both retardation and scouting are dispelled. The boys as well as their parents and leaders discuss values of Scouting. Emphasis throughout this presentation is upon similarities--not differences--among all boys and contributions of Scouting in promoting physical, mental, social, and emotional development of retarded boys. Focus is on *fun* in both special and integrated troops, camps, and related activities. Various problems and ways both Scout Service Agencies and Associations for Retarded Citizens can assist in solving them are discussed. An important message of the presentation is need to involve more retarded boys in Scouting.

24. Therapeutic Camping (16mm, sound, color, 28 minutes). Eastern States--Department of Health and Welfare, Office of Health and Education, Augusta, Maine; National Association for Mental Health, 267 West 25th Street, New York City; New York University Film Library, 26 Washington Place, New York City; Education Film Library, Syracuse University, New York; Ohio State University, Columbus; The Devereux Foundation, Devon, Pennsylvania; Bureau of Mental Health Services, Harrisburg, Pennsylvania; and Audio-Visual Aids Library, Pennsylvania State University, University Park. Southeastern States--Audio-Visual Bureau, Extension Division, University of North Carolina, Chapel Hill. Southern States--The Devereux Schools, Victoria, Texas; Division of Extension, Visual Instruction Bureau, University of Texas, Austin. Mid-West States--Maurice Iverson, Assistant Director, Bureau of Audio-Visual Instruction, University of Wisconsin Extension Division, P. O. Box 2070, Madison. West Coast--The Devereux Schools, Santa Barbara, California.

Although this film is built around a case study of Tom, an emotionally disturbed boy, rationale, philosophy, activities, approaches, and values derived from the camping program depicted are equally appropriate and applicable for those with other handicapping conditions. Emphasis is on a pre-planned, multidisciplinary attack in planning, and implementing a program designed to meet needs of each participant. A variety of activities are shown and discussed in terms of their social, physical, and emotional contributions to each camper. The

program makes every effort to remove an individual's negative attitudes and behavior patterns by stressing the positive.

25. Those Other Kids (16mm, sound, color, 25 minutes).
Audiovisual Library Service, Continuing Education and Extension, University of Minnesota, 3300 University Avenue, S. E., Minneapolis, Minnesota, 55414.

Basic to this presentation is the philosophy that *children are children* regardless of handicapping conditions. Children with special problems can learn and they have the legal right to receive every opportunity that is offered to their nonhandicapped peers. This film provides basic information about the development of special education. It presents legal developments that have guaranteed the *right to education* for every child regardless of the type or severity of his or her condition. Bases for due process are discussed in terms of prior notification, impartial hearings, representation by counsel, examination of evidence before trial, review of evidence and presentation of witnesses, right to cross examine, independent evaluation of the child, and accurate records of hearings. The full continuum of special education services is discussed including regular classroom placement with or without consultation and/or itinerant teachers; regular classroom placement plus resource room and/or specialist assistance; regular and part-time special class placement; full-time special class placement; special day school; residential school placement; and hospital placement.

26. Time Is for Taking (16mm, sound, color, 23 minutes).
Stuart Finley, 3428 Mansfield Road, Lake Barcroft, Falls Church, Virginia, 22041.

Focusing on Camp Kentan, located in Middleburg, Virginia, and sponsored by the Northern Virginia Association for Retarded Children, the film uses actual events as they occurred in everyday camp situations to provide a realistic insight into the world of the retarded child. Problems are honestly presented and dealt with by the counselors, many of them teenage volunteers.

27. To Lighten the Shadows (16mm, sound, black/white, 20 minutes).
Dr. William Freeburg, Department of Recreation, Southern Illinois University, Carbondale, Illinois, 62901.

Built around the First Institute for Camp Directors and Staff held at Little Grassy Facilities, Southern Illinois University, Carbondale, (March 1963), this film combines scenes from institute sessions with planned activities for retarded youngsters. Boys and girls are seen in such typical camp activities as riding the bus to camp, arts and crafts, horseback riding, weiner roast, nature crafts, singing activities, fishing, self-testing activities, and circle games. Outstanding teachers from the field provide information about retardation, a rationale for recreation programing for retarded children, information about staff and leadership, and ideas about coordination between camp and home.

28. Valley of Miracles (16mm, sound, color, 24 minutes). Virginia Easter Seal Society for Crippled Children and Adults, P. O. Box 5496, 4848 Williams Road, Roanoke, Virginia, 24012.

Camp Easter Seal, founded in 1957, shows that dreams today are realities tomorrow. This camp offers a variety of outdoor activities to both physically and mentally handicapped persons. In addition to showing active participation in swimming, arts and crafts, music, and sports, other aspects of the total camp effort, such as staff orientation and rainy day activities, are included. This camp program has enriched the lives of many people--campers, staff, parents, and professionals alike.

29. The Wediko Film Series. Mental Health Training Film Program, Harvard Medical School, 58 Fenwood Road, Boston, Massachusetts, 02115.

Camp Wediko is a non-profit treatment camp in Hillsboro, New Hampshire, for emotionally disturbed boys nine to fifteen years of age. Approximately 60 boys are served each summer. The films in this series are intended to train teachers, counselors, and others who work with disturbed children, in aspects of behavior management. Rather than presenting right and wrong ways to deal with behavior problems, the films and accompanying study guides are meant to stimulate discussion of the children, their problems, and alternatives to handling disturbed behavior.

(a) Boys in Conflict (16mm, sound, black/white, 72 minutes). Rental $42; Purchase $420.

This documentary film deals with participation of emotionally disturbed adolescents in a specially designed camp program in Hillsboro, New Hampshire. Camp activities are built around a model of normalcy since this program was designed to attain dual purposes of therapy and learning. Counselors' struggles in dealing with campers as they act out frustrations and problems emphasize the importance of positive camper-counselor interpersonal relationships. Evident as factors affecting behavior are moods, ups and downs, and not succeeding in various tasks; some campers get upset before there is a reason for such reactions. Counselors discuss situations and strategies among themselves to help make the total experience more meaningful to each camper. An important emphasis throughout is helping each camper understand his own actions by getting tensions, anxieties, and frustrations out in the open through discussion and counseling. Effects of these camping activities and changes in campers are obvious as the bus is loaded and leaves camp for the return trip home.

(b) Bruce (16mm, sound, black/white, 26 minutes). Rental $17; Purchase $170.

Bruce, a camper at Camp Wediko, is an easily frustrated twelve-year old boy who exhibits erratic and aggressive behavior

throughout this film. Fighting, yelling, kicking, and throwing things are his way of handling disagreements with others. Actual scenes filmed during the course of the summer illustrate aspects of Bruce's disorder, and further elaboration on his problems is provided by a counselor's occasional narration and in the accompanying study guide. This film should assist persons working with or contemplating working with disturbed children in recognizing their own feelings toward this child, and it should encourage discussion of the management of such children.

(c) Johnny (16mm, sound, black/white, 32 minutes).
Rental $22; Purchase $190.

A nine-year old hyperactive and aggressive child, Johnny spent a great deal of his time at camp throwing tantrums. Three of these tantrums were filmed extensively. Johnny's counselor handled the tantrums by holding him, and he discusses his reasons for choosing this particular management technique. However, other management techniques are possible, and the film encourages discussion of the meaning of tantrums and alternatives to holding in management of them. This is applicable not only to a camp setting but to school and treatment settings as well.

(d) Troubled Campers (16mm, sound, black/white, 15 minutes).
Rental $12; Purchase $135.

This introductory film explains the term emotionally disturbed and demonstrates criteria of emotionally disturbed behavior. Boys shown in the film exhibit such excessive behavior as (1) violent outbursts, (2) anxiety over bodily injury, (3) self-destructiveness, (4) suspiciousness, (5) clinging to rigid behavior patterns, (6) poor tolerance for frustration, and (7) running away. Techniques of counselors and responses of children to a parent's day are shown. All incidents in the film are real, having been filmed during a summer session at Camp Wediko.

ADDITIONAL PRINTED MATERIALS

This bibliography includes books, articles, and papers that were primarily written to describe specialized camps for inconvenienced individuals. While not concerned with camp integration per se, these sources may offer readers program ideas and suggested adaptation of activities, facilities, and equipment.

1. Abbott, G. D. "Camp for Juvenile Diabetics - A Pilot Scheme." New Zealand Medical Journal 69(444):276-277, 1969.

2. Akerblom, H. K. "The Control of Diabetes in Summer Campers with Special Reference to Acetone Bodies." Diabetologia 5:233-237, August 1969.

3. American Annals of the Deaf. "Summer Camps for Deaf and Hard of Hearing Children." American Annals of the Deaf 117:286-288, April 1972.

4. American Camping Association. "Camp for the Handicapped." Camping Magazine 38:29, November/December 1966.

5. American Journal of Nursing. "Camping for Children with Muscular Dystrophy." American Journal of Nursing 65:76-77, June 1965.

6. American Medical Association. "Camping Fun for Diabetic Youngsters." Today's Health 44:50-53, June 1966.

7. Avedon, E. M. "Outdoor Facilities for the Aged or Disabled." Parks & Recreation 1:426-429, May 1966.

8. Baer, Lorraine, and Phyllis Stanley. "A Camping Program for the Trainable Retarded." Education and Training of the Mentally Retarded 4:81-84, April 1969.

9. Baker, B. L. "Camp Freedom: Behavior Modification for Retarded Children in a Therapeutic Camp Setting." American Journal of Ortho-Psychiatry 43:418-427, April 1973.

10. Bent, Sandra, and Guion Miller. Integrating Mentally Retarded Campers into a Camping Program and Facility Specifically Designed to Meet the Needs of the Physically Handicapped. Wilmington, Delaware: Easter Seal Society for Crippled Children and Adults of Baltimore, 1969.

    Summaries of the camping sessions, questionnaires filled out by staff, and sample recordings of interviews with staff and campers are presented for the two years that the study was conducted to assess the feasibility of integrating retarded children into a residential facility designed for the physically handicapped. It was found that retardation was accepted by the crippled camper as another disability and that with the exception of the emotionally involved retardate, it was possible to integrate the two groups at almost all levels of activity.

11. Blanchard, Earl. "Programming for Disturbed Campers." Camping Magazine 39:16, February 1967.

12. Brittes, Anthony F. H., Donald M. Allen, and Doreen Morse. "Hemophiliacs at Summer Camp." The Journal of the American Medical Association 213: 873, May 1970.

13. Burnes, Alan J., and Leonard Hassol. "A Pilot Study in Evaluating Camping Experiences for the Mentally Retarded." Mental Retardation 4(4): 15-18, 1966.

    Counselors were viewed as peers of campers, with campers copying the life styles of their counselors as a method of developing potentials for self-help. Pre and posttest scores indicated a significant improvement in social competency over the duration of this program.

14. Collingwood, Thomas R. "Survival Camping with Problem Youth." Rehabilitation Record 22-25, May/June 1972.

15. Davies, Lynn, and Peter A. Witt. "Camping and the Handicapped in Canada." Leisurability 1(3):9-14, July 1974.

16. Drowatzky, John N. "Effects of a Two-Week Residential Camp Program Upon Selected Skinfold Measures, Body Weight, and Physical Fitness of Trainable Mentally Retarded Children." American Corrective Therapy Journal 22(3):87-91, 1968.

17. Drowatzky, John N. "A Day Camp Program for Brain-Injured Children." Journal of the Association for Physical and Mental Rehabilitation 21(2): 56-58, 1967.

18. The Easter Seal Directory of Resident Camps for Persons with Special Health Needs. Chicago, Illinois: National Easter Seal Society for Crippled Children and Adults (2023 West Ogden Avenue), 1973. $1.00.

    This directory provides information about residential camps which identify themselves as serving children and adults with physical, mental, social, and/or emotional conditions or which report that they have specifically adapted their programs to accommodate persons with impairments and disabilities. Each camp description includes specific conditions accepted along with location, age range, sessions, capacity, fees, and sponsors. In addition to individual listings by states, camps are indexed alphabetically and by disability groups. This directory is revised biannually so that the 1975 edition is now available for $1.50.

19. Endres, Richard. "Northern Minnesota Therapeutic Camp." Journal of Health, Physical Education and Recreation 42:75-76, May 1971.

20. Endres, Richard. "Winter Camping with the Mentally Retarded at Camp Confidence." Journal of Health, Physical Education and Recreation 43:86-89, January 1972.

21. Etzwiler, Donnell D. "Camping Opportunities for the Child with Diabetes Mellitus." Minnesota Medicine 50(3):433-437, 1967.

22. Etzwiler, Donnell D., et al. "Wilderness Camping for the Diabetic." Diabetes 14(10):676-681, 1965.

23. Fried, Murray C. "Organization + Interest + Involvement + Innovation + Facilities = Ingredients for a Successful Camp." Challenge 6(1):6-8, September/October 1970.

24. Ginzburg, Bonnie. "For a Diabetic, Isolation Ends." The Physician and Sportsmedicine 3(6):83-85, June 1975.

Describes a summer camp for 7-15 year old diabetic youngsters and a winter camp for 12-16 year olds.

25. Haas, Richard. "Camps Bring Kids Out of Sickness Shell." The Physician and Sportsmedicine 3(6):80-83, June 1975.

A camping program of sports and physical fitness was designed for severe asthmatic 6-16 year old youngsters. Campers were followed for 10 months after camp, with marked improvement in physical condition and relationships with families and friends.

26. Hagen, A., C. Jack, and G. Baker. "Three Camps for the Handicapped in Nova Scotia." Canadian Camping 23(3):23-25, 1971.

Presentation of the programs at Camp Atlantic, the Nova Scotia Diabetic Camp in Pictar County; Camp Tidnish, the Amherst Rotary Club Camp for Underprivileged and Handicapped Children and Adults from Nova Scotia and New Brunswick; and the Westmount Day Camp for Disabled Children in Halifax.

27. Hughes, Ann H., and Harold K. Dudley. "An Old Idea for a New Problem: Camping as a Treatment for the Emotionally Disturbed in Our State Hospitals." Adolescence 8(29):43-50, Spring 1973.

Camping is proposed as an alternative to the more traditional treatment of hospitalization or institutionalization for emotionally disturbed children and adolescents. Beneficial results of camping programs are said to include activation of the reality principle and subordination of the pleasure principle through the necessity of living together in a natural setting where survival is contingent upon the recognition of reality; continuous group therapy through a process of self and peer examination and understanding of feelings; a weakening of traditional defense mechanisms due to the new surroundings; and the development of feelings of pride, self-esteem, and self-discipline.

28. Jacobs, John, and Marnell Pierce. "Camp for Mentally Retarded Children." Camping Magazine 39:16-17, February 1967.

29. Jentsch, Arthur. "Day Camping with Wheelchair Residents at Brainerd State Hospital." Journal of Health, Physical Education, and Recreation 42:76, May 1971.

30. Jessen, Larry. "Outward Bound for the Handicapped." Journal of Physical Education and Recreation 47(5):54, May 1976.

A pilot Outward Bound course involving five impaired adults is described. The course was sponsored by Northwest Outward Bound School (Eugene, Oregon). Author of this article, a paraplegic, completed the seven-day course using crutches.

31. Kidd, Francis T. "Summer Day Camping for the Mentally Retarded." Therapeutic Recreation Journal 5:91-92, Second Quarter 1971.

32. Kimsey, Larry R., and Mary Frost. "Long Term Camping for Emotionally Disturbed Boys." Diseases of the Nervous System 32:35-40, January 1971.

33. Kolbenschlag, Mike. "Camps Teach Sports and Social Skills." The Physician and Sportsmedicine 3(12):65, December 1975.

A two-week camp for boys with hemophilia is described. Social skills and non-contact sports (tennis, trampoline, whiffleball, archery, canoeing, sailing) were emphasized.

34. Kronick, Doreen. "The Challenge of Special Children." Camping Magazine 39:17, February 1967.

35. Lachney, Morgan E. "A Summer Camp Experience for Learning Disability Children." Pointer 20(3):70-74, Spring 1976.

Describes a remedial summer camp for learning disabled children in Ontario, Canada. Program was both educational and recreational. Various camp activities and their value to the child are recounted.

36. LeFebvre, Claudette B. The Comparative Effects of Three- and Six-Week Periods of Residential Camping on Physical Fitness and Adaptive Behavior in Children and Youth with Brain Dysfunction Syndromes. Doctoral dissertation. Ann Arbor, Michigan: University Microfilms (300 North Zeeb Road, 48106). Order No. 72-20643. $10.00.

The comparative effects of three- and six-week periods of residential camping on physical fitness and adaptive behavior in children and youth with brain dysfunction syndromes were studied. Results suggest that there is a significant increase in measured performance in physical fitness and in adaptive behavior and a significant decrease in level of personality and behavior disorders following participation in the camping experience for both three- and six-week subjects. Differences in achievement on physical fitness, adaptive and maladaptive behavior measures are significantly greater for subjects who participated for six weeks than for subjects who participated for three weeks in the case of adaptive behavior but are not greater for physical fitness and maladaptive behavior.

37. Lowry, Thomas Power, editor. Camping Therapy. Springfield, Illinois: Charles C. Thomas (301-327 East Lawrence Avenue), 1974. 138 pp.

Contents include a historical-philosophical overview of camping therapy; discussions of the process applied in cases of psychosis, juvenile delinquency, childhood neuroses, and mental retardation; and a perspective essay on man's spiritual relationship with nature. Frustrations as well as triumphs are detailed and pitfalls to be avoided discussed along with guides to success. Suggestions for materials and resources, plus hints for establishing and implementing an economical camping therapy program are included. Selected references in the chapters and appendix provide additional information of both a theoretical and how to nature.

38. Lubbert, Carol. "Day Camp Therapy." Recreation 58:130-131, March 1965.

39. Maisel, L. "How Five Camps Found a Way to S-T-R-E-T-C-H Their Camps' Responsibility to Include Those Who Wouldn't Otherwise Ever Get to Camp." Camping Magazine 43(3):8-10, 1971.

The Organization of the Main Idea, Inc., a charitable foundation in Maine, and the implementation of a post-camp session in five camps for the benefit of disadvantaged youth is described.

40. Martin, William B. "Overnight Camp Aids Retardates." Camping Magazine 44:20, September 1972.

41. MR News. "Retarded Scouts Find Fun, Growth Through Award Program of Camping." MR News 22:7, June 1973.

42. Nielsen, R. M. "Forest Service Facilities for Wheelchair Nature Lovers." Paraplegia News 25(286):8-9, 1972.

43. Olson, Jack. "A Summer Speech and Language Camp for the Deaf." Journal of Outdoor Education 5(2):8-10, Winter 1971.

44. Palter, E. "Exceptional Children." Canadian Camping 24(2):10, 1972.

45. Parker, Jacquelyn A. "Camping for Children with Diabetes--A Diet Therapy Section Project." Journal of the American Dietetic Association 53(5):486-488, 1968.

46. Prater, Barbara M. "Why Diabetic Children Go to Summer Camp." Journal of the American Dietetic Association 55(6):584-587, 1969.

47. Rappaport, Bert M. The Effect of a Residential Summer Camp Experience on the Self-Concept of Boys Suffering from Pseudohypertrophic Muscular Dystrophy. Master's thesis. University Park, Pennsylvania: Pennsylvania State University, College of Health, Physical Education, and Recreation, November 1974.

48. Robinson, F. M. "New Dimensions in Camping for the Physically Handicapped." Parks and Recreation 2:21, February 1967.

49. Seeler, Ruth A., et al. "A Summer Camp for Boys with Hemophilia." Journal of Pediatrics 87(5):758-759, November 1975.

50. Sellwood, J. J. "Camping for Cardiac Children: Los Angeles County Crippled Children's Society." Camping Magazine 30:30, January 1958.

51. Stadnyk, Sue, and Nancy Bindschadler. "A Camp for Children with Cystic Fibrosis." American Journal of Nursing 70(8):1691-1693, 1970.

52. Stein, T. A. "Some Affective Outcomes Accompanying a Camping Experience of Physically Handicapped Adults." Rehabilitation Literature 24(7): 194-200, July 1963.

53. Stone, Edward. "There's a Wheelchair in the Woods." Parks and Recreation 6:18, December 1971.

54. "Summer Camps for Deaf and Hard of Hearing." American Annals of the Deaf 115:264-7, May 1970; 116:263-73, April 1971; 117:286-8, April 1972; 118:334-6, April 1973; 119:214-5, April 1974.

55. Trageton, Marta, and Nils Thorstein. "An Experimental School Camp for the Mentally Handicapped." Journal of Outdoor Education 5(2):16-19, Winter 1971.

56. Tremonti, Joseph B., and Murill Reingruber. "Kankakee State Hospital Summer Camping Program." Journal of Health, Physical Education and Recreation 43:77-78, May 1972.

57. Westover, Kathy. "Camp Horizon." Pointer 20(3):76-79, Spring 1976.

Concerns and considerations involved in planning a camp for handicapped children are discussed in this article. Campsite, finances, equipment, staff, campers, program, and evaluation are topics covered.

APPENDIX A

ORGANIZATIONS AND PUBLICATIONS
CONCERNED WITH INCONVENIENCED INDIVIDUALS

American Foundation for the Blind
15 West 16th Street
New York, New York 10011

(American Foundation for the Blind Newsletter)

Association for Children with Learning Disabilities
5225 Grace Street
Pittsburgh, Pennsylvania 15236

(ACLD Newsbriefs)

California Association for Neurologically Handicapped Children
P. O. Box 4088
Los Angeles, California 90051

(CANHC-GRAM)

Epilepsy Foundation of America
1828 L Street, N. W.
Washington, D. C. 20036

(National Spokesman)

Muscular Dystrophy Associations of America
810 Seventh Avenue
New York, New York 10019

(Muscular Dystrophy News)

National Association for Retarded Citizens
2709 Avenue E East
P. O. Box 6109
Arlington, Texas 76011

(Mental Retardation News)

National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612

(various publications)

National Information Center for the Handicapped
P. O. Box 1492
Washington, D. C. 20013

(Closer Look)

National Society for Autistic Children
169 Tampa Avenue
Albany, New York 12208

(NSAC Newsletter)

Parents and Professionals for Handicapped Children
P. O. Box 580
Carrboro, North Carolina 27510

(Parents and Professionals for Handicapped Children Newsletter)

Spina Bifida Associates of Southern California
P. O. Box 451
Santa Monica, California 90406

(SBASC Newsletter)

United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, New York 10016

(Crusader)

Other Publications

Deaf American
814 Thayer Avenue
Silver Spring, Maryland 20910

The Exceptional Parent
Psy-Ed Corporation
262 Beacon Street
Boston, Massachusetts 02116

Green Pages
641 West Fairbanks
Winter Park, Florida 32789

Polling Magazine
122 East 23rd Street
New York, New York 10010

APPENDIX B

OBTAINING INFORMATION THROUGH THE HOME INTERVIEW

Questions for Parents

1. Does the child have friends? Many or few?
   How old are playmates?
   Are they able-bodied or inconvenienced?
   Is the child competitive; outgoing; shy?

2. Describe after school and weekend activities.
   Who plans the child's activities?

3. How old are brothers and sisters?
   Are they protective of the child?

4. Does child argue a lot? Cry easily?
   How does he/she react to discipline?

5. In what ways is the child independent? Dependent?

6. How does the child react to changes of plans? Disappointments?
   Does he/she enjoy new experiences?

7. How does child react when others have difficulty understanding him/her?

8. What integrated activities has the child been involved in?
   Reactions of child? Reactions of parents?

9. What does the child know about his/her condition?
   Do parents discuss this openly with the child?
   How does the child feel about the condition, its prognosis, manifestations, and limitations? How do the parents feel?

10. Has the child been away from home before? For how long?
    What were child's and parent's reactions?

11. Was child ever at camp? Where? Specialized or non-specialized?
    How was the experience?

12. Is the child in special or regular classes at school?

13. Whose idea was enrollment in this particular camp?
    How does child feel about leaving parents for camp?
    What are child's expectations of camp? Parents?

14. What special procedures should the camp be aware of in areas of:

    - going to the bathroom
    - bed wetting

- dressing ability
- bathing and cleanliness
- eating
- special diets; allergies; diabetes; obesity
- walking; running; falling
- following directions
- physical endurance
- sleeping habits
- special equipment and ability to use
- medical care
- contraindicated activities

Interviewer's Observations of Social and Emotional Functiong, and Family Interaction

Observations of Parents. Are parents prepared to be separated from child for the period of time that he/she will be at camp? Are they prepared to accept the camp's rules on telephone calls and visits? Are parents over-anxious? (This may be expressed by concerns about food, weather, and cleanliness.) Are parents realistic about child's capabilities and limitations? Does the information that the interviewer has from physician, agency, and school relate closely to the information received from parents?

The interviewer should note whether both parents participate in the interview and whether the child is interested or allowed to be present during the interview. Are father and mother in agreement about the handicap and about handling procedures or do you note dissension? Do they discuss the handicap furtively and with difficulty or in a relaxed fashion in the child's presence.

Observations of the Child. Interviewer should observe the child's behavior in the home: relationship to parents and siblings; interaction with the interviewer; interest in the discussion. Are articulation, understanding what he/she hears and use of language good? Are the quality of responses bizarre or appropriate? Does the child seem interested in or excited about going to camp, or fearful? What are specific concerns? What aspects of camp seem to be of particular interest? Does the child hide prothesis or affected limb? Can the child discuss difficulties with ease?

EASTER SEAL SOCIETY
CAMPER APPLICANT INTERVIEW REPORT

NAME OF CHILD:_____

Community Address:_____

1. DESCRIBE GENERAL APPEARANCE, INCLUDING MENTAL ALERTNESS:

2. PERFORMANCE OF ACTIVITIES OF DAILY LIVING: Is there any special way in which either the child or anyone assisting him undertakes the following activities? Please indicate if he needs help and if there are special daily routines.

   (a) Feeding -

   (b) Dressing -

   (c) Toilet -

   (d) Sleeping habits -

   (e) Mobility and Transfer -

   (f) Equipment used (day or night) -

   (g) Behavior - in what manner is child disciplined, how often, and by whom?

3. PARTICIPATION IN SOCIAL ACTIVITIES:

   (a) What are child's hobbies?

   (b) Sports preferred -

   (c) Special interests -

   (d) Does child make friends easily?

   (e) How much play time is spent with disabled children?

   (f) How much play time is spent with other "normal" children?

   (g) Does child associate most with same age, younger, or older children?

   (h) Does the child belong to any groups (church, recreational, social,etc.)?

   (i) Would you consider the child to be an athlete, interlectual, introvert, extrovert?

   (j) Has the child ever been away from home? For overnight, weekends, or for vacations (with or without family)?

   (k) Family breakdown -
   Number of children_____ages:_____
   Number of handicapped children_____ages:_____
   Total number of family members at home_____

4. FOLLOW-UP OF CHILD: (Please give name and address)
   (a) Visiting Nurse-
   (b) Agency-
   (c) Family Doctor-
   (d) Psychological Testings-
   (e) Therapists-

5. DAILY ROUTINE: Does the child function in a sedentary or active atmosphere? Are most of his activities active or passive?

6. If the child was a camper previously, have there been any noticeable improvements, problems, or any carry-over value? Is there need for additional follow-up by us?

7. What seems to be parents' attitude towards child's disability?

8. Are there any obvious family problems that might affect this child?

9. If the youngster is hard of hearing or has a communication problem, how does he communicate or make needs known? Does he use any special device?

10. Does this child appear to be functioning mentally at his chronological age? If not, at what age?

11. REGARDING SCHOOL:
   (a) Group adjustment-

   (b) What particular problems does the youngster encounter within the school setting?

   (c) Is child's teacher male_____or female?_____Has child known teacher for any length of time? Yes_____No_____.

12. In your time spent with the family, did you notice any emotional instability regarding this child? Yes_____No_____. If so, in what areas?

    Child was present for_____(length of time) during the interview.

13. OVERALL ASSESSMENT: Do you, as interviewer consider this child mild, moderate or severely disabled?

14. Does the child or his family receive assistance from any of the following sources? (check any that apply).

Public Welfare_____	Medicare_____
_____Aid for Dependent Children (AFDC)	Model Cities_____
_____General Relief	Social Security_____
_____Medicaid	State Ward_____
_____Medical Assistance	Other_____

What is the address of your Welfare Service Office_____
_____.

(Please use other side of sheet for additional comments, if any)

_____
(Signature of Interviewer)

Date_____

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Tel. 757-2756

14 Somerset Street
Boston, 02108
Tel. 227-9605

856 Church Street
New Bedford, 02745
Tel. 998-3536

30 Highland Street
Worcester, 01608
Tel. 757-2891

26 Chestnut Street
Andover, 01810
Tel. 475-1477

145 State Street
Springfield, 01103
Tel. 732-2548

APPLICATION

Young Adult Resident Weekend Camp - 1975

Name _____ Age _____

Address _____ Town _____ Zip _____

Disability _____ Home Phone _____

In case of emergency contact - (Give two listings)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Please check weekend desired: Reservation and fee required two weeks in advance of weekend.

Friday, July 11 to Sunday, July 13 - $13.00 per person - payable by 6/27
Friday, July 25 to Sunday, July 27 - $13.00 per person - payable by 7/11

Applicant Background Information

I use the following special equipment:

____ Wheelchair
____ Leg Braces
____ Crutches
____ Other _____

I need assistance in:

____ Feeding
____ Dressing
____ Toileting
____ Other _____

Releases:

Permission is hereby given for:

_____ Photographs
____ Research

I also give permission to the physician selected by the camp to hospitalize, secure treatment for and to order injection, anesthesia or surgery. Such permission serves as a release and/or waiver of any action that may occur against the organization, camp or individual staff member.

Please use other side for additional comments.

Signed: _____

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Springfield, 01103
Tel. 732-2548

Please complete and return this Application Form to the address checked above

CAMPER APPLICATION

A. IDENTIFYING INFORMATION: (To be completed by parents and/or referring agencies)

Name of Child_____ Birthdate_____

Complete Diagnosis_____

Sex: Male_____ Female_____ Weight_____

Home Address_____ Zip Code_____

Present Location_____

School Attended_____ Religious Preference_____

Last grade child has completed_____ Graded_____ or Ungraded_____

Class: Regular_____ Special_____

Name of Parents or Legal Guardian_____

Address_____ Phone_____

If parent or guardian cannot be reached in emergency, notify: (IMPORTANT)

_____
(Name) (Address) (Phone)

How did you hear about our Camping Program? (Name and address of referral)

_____

What would you like the child to accomplish at camp?

Why does the child want to go to camp?

Has this child been to day or resident camp before: Yes_____ No_____

Which one:_____ When_____ Where_____

Did the child enjoy it?_____ Would the child enjoy returning to the same camp?_____

Are you interested in a day camp or resident camp placement?_____

Please check date preference Early July_____ Early August_____

Late July _____ Late August _____

(Camp period for campers is usually 2 weeks for resident, 4 weeks for day)

1/75

B. ABILITY AND ADJUSTMENT: (must be completed by parents and/or referral agency)

1. My child's handicap involves:

_____trunk
_____neck
_____balance
_____hearing
_____breathing
_____eyesight
_____legs (left)____(right)____

_____Coordination
.....in fine motor activities
.....in gross motor activities
_____Communication
.....ability to speak to others
.....ability to understand others
Getting along with:
.....children .....adults

2. Does the child use any form of the following special equipment:

____wheelchair ____artificial limb ____orthopedic corrective equipment
____leg braces ____hearing aid
____crutches
Other_____

3. Is there any special care of appliances and equipment_____

In what condition is the equipment?
When should they be worn or used?
Under what conditions may the camper function without them?

4. Does the child have any problems in the following areas:

_____feeding
_____dressing and undressing
_____bathing
_____putting on and removing braces
_____walking
_____stairs
_____toileting
_____other

5. Would the child need special attention to any of the following needs?
How have you handled these at home?_____

a. bed wetting_____
b. bowel and bladder difficulties_____
c. nightmares_____
d. sleep walking_____
e. fainting_____
f. constipation_____
g. other_____

_____
(Date)

_____
(Signature of person completing application)

_____
(Relation to camper applicant)

C. MEDICAL PERMISSION: (Must be signed by parent or legal guardian only)

If the applicant is accepted for camp and a surgical emergency occurs while he or she is at the camp, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. Parents, whenever possible, will be notified in such emergency. Such permission serves as a release and/or waiver of any action that may accrue against the organization, camp or individual staff member.

_____
95 (Signature of parent or legal guardian)

APPENDIX C

OBTAINING INFORMATION FROM PROFESSIONALS

Information the Director May Seek from a Physician

- Extent and implications of child's condition.
- Is condition congenital or acquired? If acquired, cause and time of acquisition.
- Does child have a neurological condition, seizures, behavior disturbances, mental retardation, or asthma attacks? Describe manisfestations, frequency, prevention and care.
- Does child fatigue easily?
- Does child have special medication or dietary restrictions? Detail.
- Does child require use of any special equipment during the day or night? What care does the equipment require?
- Should the camp have a supply of specific medications for emergency use?
- Are there specific and generalized medical procedures that should be followed with this child?
- Describe the child's physical, social, and emotional functioning?
- How dependent is the child on the family? Describe general family functioning.
- When did you last see the child?
- From what other sources should information be obtained?
- Can the child participate in unrestricted physical activities? If not, indicate.
- Degree of limitation--

  MILD--ordinary physical activity need not be restricted but unusually vigorous efforts need to be avoided.

  MODERATE--ordinary physical activity needs to be moderately restricted and sustained strenuous efforts need to be avoided.

  LIMITED--ordinary physical activity needs to be markedly restricted. Indicate body areas in which physical activity should be minimized or eliminated.

Information the Director May Seek from a Psychologist or Psychiatrist

- Describe general behavior of the child.
- Describe specific problem areas and suggest procedures for handling.
- Does child have behavior disorder, mental retardation, and/or learning disabilities? Detail.
- Is child hyperactive? Hypoactive?
- Describe family functioning?
- What are results of screenings, assessments?

Information the Director May Seek from the School

- How does the child function behaviorally and socially? As an individual? In group situations? Does child make friends easily? Give and take?
- Is child hyperactive; hypoactive? Does child have a long/short interest span? Is the child easily frustrated?
- Describe child's areas of difficulty and limitations.
- What are child's interests and aptitudes?
- Is child independent? Does child walk to and from school alone? With others?
- Can child negotiate stairs, dress and feed self? Does child express him/herself well?
- What is child able to do in physical education?
- Describe parental attitude.
- What are results of screenings? Tests?

Information and Assistance the Director May Seek from Agencies

Whether or not a child has been served by a specialized agency concerned with impaired, disabled, or handicapped persons, such agencies can assist directors and staff. Some of the following information can be obtained from these agencies:

- What is the child's background, limitations in functioning, strengths, degree of independence, social skills, and ability to function as a member of a group? Is child reserved, withdrawn or outgoing?

- Describe parental attitudes.

- If child attended the agency's camp in previous years, how did he/she function? Was improvement noted in self-care, independence and social skills?

- What are short and long term goals the agency has for the child? What can the camp do to contribute to these goals?

- Will the agency assist with pre-camp and inservice staff orientation? Can the agency provide a staff member who will assume this role as well as provide films, literature, and/or other resources?

- Will the agency be on call for consultation should a problem or emergency arise during the summer?

- Will the agency work with the family, interpreting camping to them, preparing them for separation, and being available to help out if needed during the summer?

NOTE: This form is to be filled out by the parent, agency or guardian and sent to the doctor with the Doctor Information Form.

DOCTOR INFORMATION RELEASE

Date:_____

I hereby authorize_____
(Name of Doctor)

to release information about_____
(Name of Camper)

to the Easter Seal Society of Massachusetts for the purpose of serving this child in its Camping and Recreation Program, and with the understanding that such information will be held confidential.

_____
(Signature of Parent, Agency or Guardian)

NOTE: This form is to be filled out by the parent, agency or guardian and sent to the school with the School Information Form.

SCHOOL INFORMATION RELEASE

Date:_____

I hereby authorize the_____
(Name of School)

to release information about_____
(Name of Camper)

to the Easter Seal Society of Massachusetts for the purpose of serving this child in its Camping and Recreation Program and with the understanding that such information will be held confidential.

_____
(Signature of Parent, Agency or Guardian)

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SCHOOL INFORMATION FORM

30 Highland Street
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Tel. 757-2891

REGIONAL OFFICES

14 Somerset Street
Boston, 02108
Tel. 227-9605

856 Church Street
New Bedford, 02745
Tel. 998-3536

26 Chestnut Street
Andover, 01810
Tel. 475-1477

145 State Street
Springfield, 01103
Tel. 732-2548

The following information is to be provided by a school representative. Please return the completed form to the address circled above.

Date:_____

Name of Child_____Date of Birth_____

Address_____
(No.) (Street) (City or Town) (Zip Code) (Telephone)

Grade_____Name of School_____

Address_____

1. How does this child adjust to group situations (with disabled children, normal children, adults)?

2. Briefly describe the child's overall behavior. If he is a behavior problem, please indicate in what respect.

3. What are the results of any testing, screening, or psychological evaluations?

4. At what social maturity level is this child functioning?

5. At what grade level is this child functioning?

6. Are there any social, financial, or other reasons which might influence the child's reaction to a camping or recreational experience?

7. Would you be interested in knowing about our relationship with this child?
Yes_____ No_____

8. Is it possible to visit (by appointment) or call you should we have additional questions about this child? Yes_____ No_____

Name of Person completing form_____

Position_____

Telephone Number_____

Please use back for additional comments if necessary.

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DOCTOR INFORMATION FORM

REGIONAL OFFICES

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Boston, 02108
Tel. 227-9605

145 State Street
Springfield, 01103
Tel. 732-2548

The following information is to be provided by a physician. Please return the completed form to the address circled above. Use back for additional comments.

Date:_____

Name of Child_____ Date of Birth_____

Address_____
(No.) (Street) (City or Town) (Zip Code) (Telephone)

Complete Diagnosis_____

1. Is the child's handicap congenital_____ or acquired_____?
(Please check. If acquired, please explain the cause)

2. How involved is the child physically, socially, and psychologically?
(Please explain briefly)

3. Would special restrictions be required by this child in a camping program?
(Please answer yes or no and explain if restrictions apply)

   a. Dietary restrictions?
   b. Medication (Type, supplier, time given, when last received?)
   c. Activity restrictions?

4. Are there special problems that might occur? (Please check only if applicable and explain)

   a. Family dependency_____
   b. Financial difficulties_____
   c. Reactions to disability_____
   d. Equipment: day use____night use____
      Is equipment in good condition_____
   e. Emotional problems_____
   f. Mental retardation_____
   g. Neurological impairment____

5. Is the child subject to any of the following difficulties about which camp staff should be alerted? (If so, please indicate under what circumstances, severity, frequency, and treatment method used.)

   a. Asthmatic attacks_____
   b. Convulsions or seizures_____
   c. Behavior Disturbance_____
   d. Fatigue_____
   e. Other_____

6. Date of last checkup_____. What, if any, recommendations were made at that time?

Signature_____

Address_____
(No.) (Street) (City or Town) (Zip Code) (Telephone)

APPENDIX D

EVALUATION

Many specific assessment devices and evaluation instruments for determining physical, mental, emotional, or social growth and development of individuals can be applied to or adapted for camping and outdoor recreation/education programs. Review of different test and measurement publications is one way to obtain information about these assessment devices and evaluation instruments. Other publications (i.e., Mental Measurements Yearbook) and periodicals provide summary information about specific assessment devices and evaluation instruments. An example of one such publication is Testing for Impaired, Disabled, and Handicapped Individuals (American Alliance for Health, Physical Education, and Recreation, 1201 16th Street, N.W., Washington, D.C. 20036, $3.95). This publication contains information about various physical fitness, motor ability, perceptual-motor development, and psychomotor tests, and developmental profiles. While most of the described instruments have been developed for and used in school and community settings, many are appropriate for and directly applicable to integrated camping and outdoor recreation/education programs.

Progress in specific activities such as swimming can be assessed with any of many existing programs. Each of these programs provides developmental sequences and progressions, forms, and administrative procedures. Agencies such as the American National Red Cross, Canadian Red Cross, YMCA, Boy Scouts, and Canadian Association for Retarded Citizens can provide information and materials of this type. A Swimming Program for the Handicapped (Association Press, 291 Broadway, New York, New York 10007) and A Practical Guide for Teaching the Mentally Retarded Retarded to Swim (American Alliance for Health, Physical Education, and Recreation, 1201 16th Street, N.W., Washington, D. C. 20036, $3.00) both include detailed progressions and related evaluation forms for swimmers of all abilities and levels.

While assessment of individual progress in various activities and specific aspects of camp life is important, special consideration must also be given to evaluating all phases of integrated camping and outdoor recreation/education programs. Standards and accreditation criteria developed and used by the American Camping Association (Bradford Woods, Martinsville, Indiana 46151) are designed and excellent for this purpose. Among the specific factors considered in accreditation by ACA are camp administration, program, personnel, facilities and equipment, health, safety, sanitation, and transportation. Interpretation of specific detailed questions about each of these areas, scoring facotrs, and related administrative directions are provided in the ACA Standards for Accrediting Camps which also includes considerations for inconvenienced campers.

National Easter Seal Society for Crippled Children and Adults (2023 West Ogden Avenue, Chicago, Illinois 60612) is another organization with publications and materials that can be applied to integrated programs. NESSCCA Guide to Special Camping Programs deals with camp philosophy, aims, and objectives; administration; camp site selection; legal matters; insurance; budget and finance; buildings and facilities; admission and follow-up procedures; personnel; health and safety; programing and activities. This material can also serve as a basis for evaluating each of these specific factors in integrated camping and outdoor recreation/education programs.

At the present time several doctoral dissertations and federally funded projects are delving into areas directly related to or with implications for

evaluation of campers, personnel, or programs. Additional information about specific projects can be obtained from (1) Dempsey L. Hensley, c/o Department of Recreation, University of Northern Colorado, Greeley, Colorado, and (2) Dennis Vinton, Department of Recreation, University of Kentucky, Lexington, Kentucky.

Information approaches involving program participants themselves cannot be overlooked as important evaluation techniques. In addition to planned and unplanned camper-counselor discussions, camp fires provide excellent opportunities for finding out what campers do and do not like. For example, as each camper says anything desired as he/she tosses a small twig into a glowing camp fire, many likes, dislikes, and attitudes surface. Attention and sensitivity to these comments provide pertinent and relevant evaluations. Response to smiling, neutral, or frowning faces for specific questions about camp is another way to tap feelings of participants. Input from parents, paid staff, and volunteers is another valuable source of information. The most effective evaluation systems and approaches are ongoing, practical, functional, and result in positive change.

The following forms represent two approaches that have been used successfully for assessing individual growth, development, and progress, and a guide for conducting self-evaluation of a program. These materials are included to emphasize differences in approaches and not necessarily for their specific content. Specific materials, forms, and procedures have to be developed in light of the uniqueness of each situation. Readers are invited and encouraged to send information, materials, forms, and other items they have found successful in their programs to Consultant on Programs for the Handicapped, AAHPER, 1201 16th Street, N.W., Washington, D. C. 20036.

EVALUATION FORMS

Form A*

Name _____

Instructions: Put the date that each item is evaluated in the appropriate column.

	Normal	Slightly	Moderately	Extremely	Comments
Behavior					
Immature			3-3-76	6-7-76	
Withdrawn		6-3-76			
Shy, quiet					
Hyperactive					
Aggressive, unruly					
Self-confident					
Overeater					
Afraid of water					
Homesick					
Temper tantrums					
Other _____ _____ _____					
Social Skills					
Speech					
Table manners					
Sharing, cooperation					
Affection (kissing, hugging)					
Crying					
Other _____ _____					

*Adapted from Hyam I. Day and Catherine Mary Louise Archer, The Integration of Trainable Retarded Children into Regular Residential Camps, Part 2. Toronto, Ontario, Canada: Camp Development Committee for the Ontario Association for the Mentally Retarded (1376 Bayview Avenue, M4G 3A3), 1975.

	Normal	Slightly	Moderately	Extremely	Comments
Motor Skills					
Walking					
Running					
Throws ball					
Catches ball					
Hits ball					
Holds pencil					
Other _____ _____ _____					
Self-Help Skills					
Ties shoes					
Dresses					
Eats with knife and fork					
Personal hygiene					
Makes bed					
Other _____ _____ _____					

	None	Pre-Beginner	Beginner	Slightly Advanced	Advanced
Camping Skills					
Swimming					
Canoeing					
Sailing					
Arts and Crafts					
Campcraft					
Other _____ _____ _____ _____					

Experience/Skill Checklist

Outdoor Education/Recreation

This checklist has been provided by Steve Brannan, Special Education Department, Portland State University, Portland, Oregon. As director of Mt. Hood Kiwanis Camp Program, Dr. Brannan has been responsible for development and use of this scale to assess progress and growth of campers. Both content and approach can be applied and/or adapted for other types of physical education, recreation, and related programs.

Name of Camper

Date of Session

EVALUATION SYSTEM

1. Performs independently *without* instructions
2. Performs independently *following* instructions
3. Performs *only* with verbal and/or physical assistance
4. Unable to perform with verbal and/or physical assistance
5. Not observed at camp

PERSONAL/SOCIAL

1 2 3 4 5 Talks courteously
1 2 3 4 5 Communicates needs (verbally and/or manually)
1 2 3 4 5 Acquires friends
1 2 3 4 5 Initiates conversation
1 2 3 4 5 On time
1 2 3 4 5 Neat in appearance
1 2 3 4 5 Practices camp rules (use of facilities)
1 2 3 4 5 Practices game rules (sportsmanship)
1 2 3 4 5 Clean in personal habits
1 2 3 4 5 Helps others
1 2 3 4 5 Waits own turn
1 2 3 4 5 Participates in suggested activities
1 2 3 4 5 Follows instructions during activities
1 2 3 4 5 Controls emotions
1 2 3 4 5 Practices acceptable eating habits
1 2 3 4 5 Tries new experiences
1 2 3 4 5 Engages others in conversation
1 2 3 4 5 Participates with the group

ARTS AND CRAFTS

General

1 2 3 4 5 Cuts with scissors
1 2 3 4 5 Tears and folds paper
1 2 3 4 5 Selects paints
1 2 3 4 5 Paints with a brush
1 2 3 4 5 Uses materials/tools correctly
1 2 3 4 5 Completes projects
1 2 3 4 5 Practices safety precautions
1 2 3 4 5 Helps with clean up

Projects

1 2 3 4 5 Makes a sand candle
1 2 3 4 5 Tye-dye fabric
1 2 3 4 5 Designs a postcard
1 2 3 4 5 Writes a postcard
1 2 3 4 5 Prints with natural materials
1 2 3 4 5 Makes a God's eye
1 2 3 4 5 Makes a pine cone project
1 2 3 4 5 Makes a nature collage
1 2 3 4 5 Makes a spatter leaf design

MUSIC/DRAMA

1 2 3 4 5 Sings with a group
1 2 3 4 5 Sings alone while others present
1 2 3 4 5 Sings familiar songs
1 2 3 4 5 Learns and sings new songs
1 2 3 4 5 Sings on pitch
1 2 3 4 5 Constructs a musical instrument
1 2 3 4 5 Plays a rhythm instrument
1 2 3 4 5 Sings at group campfires
1 2 3 4 5 Participates in Group skits
1 2 3 4 5 Employs rhythm
1 2 3 4 5 Employs hand movements to songs
1 2 3 4 5 Performs skit according to plan
1 2 3 4 5 Provides personal interpretation during the skit
1 2 3 4 5 Creates/contributes skit material

NATURE

1 2 3 4 5 Finds crunchies (gravel, twigs, leaves, etc.)
1 2 3 4 5 Feels different textures (rocks, bark, leaves, soil, moss)
1 2 3 4 5 Describes differences in rocks (weight, texture, rock decomposition to soil)
1 2 3 4 5 Observes levels of forest (canopy, understory, shrub layer)
1 2 3 4 5 Observes life rings of a tree
1 2 3 4 5 Describes differences in plant life
1 2 3 4 5 Feels different terrain (slope, uphill, downhill)
1 2 3 4 5 Forms an environmental interpretation of a place or thing
1 2 3 4 5 Identifies harmful plants
1 2 3 4 5 Discovers things that sink (rock sand, etc.)
1 2 3 4 5 Drinks from a mountain stream
1 2 3 4 5 Observes the current of a stream
1 2 3 4 5 Discovers a waterbug
1 2 3 4 5 Feels the morning dew
1 2 3 4 5 Listens to the sounds of the forest (animals, wind, water flowing)
1 2 3 4 5 Observes cloud formations
1 2 3 4 5 Smells fragrance of forest (flowers, fir trees, etc.)
1 2 3 4 5 Matches animals and their footprints
1 2 3 4 5 Describes animal signs (tracks, nests, burrows, droppings, etc.)

RECREATION/WATER

1 2 3 4 5 Baits a fish hook
1 2 3 4 5 Operates a fishing pole (casting, reel, etc.)
1 2 3 4 5 Catches/lands a fish
1 2 3 4 5 Cleans a fish
1 2 3 4 5 Prepares a fish for eating
1 2 3 4 5 Plays individual games/sports
1 2 3 4 5 Rides a bicycle
1 2 3 4 5 Operates an instamatic camera
1 2 3 4 5 Rides on chairlift at Timberline
1 2 3 4 5 Uses pool equipment as directed
1 2 3 4 5 Enters pool safely
1 2 3 4 5 Clears pool on whistle blast
1 2 3 4 5 Puts face in water
1 2 3 4 5 Holds breath underwater
1 2 3 4 5 Walks unaided across width of pool waist deep
1 2 3 4 5 Tuck floats for 15 seconds
1 2 3 4 5 Prone glide with kick for 30 feet
1 2 3 4 5 Crawl stroke for 30 feet
1 2 3 4 5 Changes directions while swimming
1 2 3 4 5 Jumps in water waist deep
1 2 3 4 5 Relaxes/suntans near pool
1 2 3 4 5 Swims/plays in Timberline pool

CAMPING/SELF HELP

1 2 3 4 5 Lights a match
1 2 3 4 5 Builds a fire
1 2 3 4 5 Operates a camp lamp (Coleman, etc.)
1 2 3 4 5 Operates a camp stove (Coleman, Hobo stove, etc.)
1 2 3 4 5 Operates a flashlight
1 2 3 4 5 Prepares own meal out-of-doors
1 2 3 4 5 Eats own meal out-of-doors
1 2 3 4 5 Rolls/unrolls sleeping bag
1 2 3 4 5 Manages own gear
1 2 3 4 5 Packs a pack
1 2 3 4 5 Carries a pack
1 2 3 4 5 Hikes to a close destination
1 2 3 4 5 Hikes to a far destination
1 2 3 4 5 Demonstrates endurance on a hike
1 2 3 4 5 Helps set-up camp on overnight hike
1 2 3 4 5 Lays out ground cloth
1 2 3 4 5 Cooks a marshmallow
1 2 3 4 5 Prepares own campfire treat (s/more's)
1 2 3 4 5 Makes hot chocolate

Name of Director

Counselor (s)

HOW DOES YOUR PROGRAM RATE?

A major purpose of this publication is to provide assistance to persons initiating integrated camping or outdoor education/recreation programs involving inconvenienced participants and to those enriching or expanding already existing programs. This guide for evaluation offers definite suggestions and specific guidelines for evaluating these programs and activities. This simply suggests one way to evaluate different aspects of programs. Although much of this material may appear more appropriate for physical education or school-centered recreation programs, some sections can be applied directly and all can be adapted for use in integrated camping and outdoor recreation/education programs.

Objectives

What are the major objectives of the program and each of its component parts?

Why is each specific activity included in the program?

Do the program and each of its component parts meet needs of populations served?

Staff

What are personal and professional qualifications of each staff member?

Is each staff member in a leadership position best suited to his/her knowledge, skills, and competencies?

What is the work load (Number of activities, responsibility for other activities, supervisory duties, administrative responsibilities) of each staff member?

What is the ratio of program participants to the total staff? What is this ratio for the professional staff? For the total staff including volunteers?

How many staff members are involved exclusively in administering and/or supervising participants?

Program

How many children, adolescents, young adults, and adults does the program reach?

What is ratio of inconvenienced to noninconvenienced campers?

What activities are included in the program? To what extent are participants involved in decisions and selection process for activities?

Are methods, techniques, and approaches appropriate for groups with which they are used?

How are improvisations, innovation, original activities, and creative techniques used in the program?

Is the program developmental in nature and designed to meet specific needs of the participants?

Awards and Motivation

For what purposes has the award program been developed? Does it actually fulfill these purposes?

What awards and award systems are used as regular and/or special parts of the program?

How are awards presented to recipients?

What motivational devices and techniques are used?

What criteria are used to determine recipients of awards?

How many participants receive different awards?

How is year-to-year continuity maintained in the award program?

Facilities, Equipment, and Supplies

Is full use made of all available facilities, equipment, and supplies?

What supplementary facilities are used? How can more effective use be made of all available facilities?

What adaptations have been made of conventional and/or traditional items of equipment and supplies?

What kinds of homemade equipment have been developed?

Testing and Measuring Individual Progress

For what purposes is evaluation used? Does it actually fulfill these purposes?

In what ways does this evaluation program contribute to the total program and to a better understanding of the individual participants?

What kinds of evaluative instruments are used?

How are records (individual, group, permanent) maintained and used?

Are analyses and comparisons made of results from evaluations taken at various times within the same year, year to year, group to group?

What research has been conducted in conjunction with the program? Are counselors encouraged to do action research to attack problems confronting them?

Are results of evaluations interpreted to participants and/or their parents or families?

Diagnostic Examinations and Procedures

When and by whom is this examination administered?

How is this examination financed?

How are the results of this examination used to influence the program for any given individual?

How are staffing procedures and results of examination used in a team evaluative diagnostic work-up for each individual?

Is a thorough medical examination required before allowing an individual to participate in the program?

Inservice Education and Training

Are pre and inservice programs provided and required for all staff members?

How often are inservice programs scheduled?

What types of pre and inservice programs are scheduled (workshops, clinics, institutes, classes, staff meetings, visitations, conferences)?

Are content and approaches of pre and inservice programs varied and designed to meet special needs of the staff:

What methods and approaches are used for pre and inservice programs (lectures, demonstrations, films, instructor participation, visits, printed materials, bulletins)?

What specific topics are considered during pre and inservice programs?

Who conducts various pre and inservice programs?

What influence and effect has pre and inservice activity had upon quality of program?

Parental Involvement

How are parents involved in the program?

What activities acquaint and educate parents about the program? Serve them?

Volunteers Involved in the Program

What is the role of the volunteer in the program? How is this communicated to the volunteer?

What is the total number of volunteers involved in the program? On a regular basis? On a nonregular basis?

How often does an individual volunteer take part in the program (daily, weekly, monthly, camp period, season)?

What are the specific duties and responsibilities of volunteers?

What training and/or orientation is required of volunteers? How often are they required to take part in inservice education and training sessions?

For what sources are volunteers obtained?

What procedures are used for obtaining services of volunteers? Are these adequate?

What recognition is given to volunteers who take part?

Public Relations, Information, and Publicity

What kinds of information are disseminated about the program?

How is the public relations and information program planned and implemented?

To whom is the responsibility for this part of the program delegated?

To which of the mass media (television, radio, newspapers, magazines) is information about the program (activities, participants, and staff) given? How often is this done?

Have articles been submitted to professional journals about specific parts of the program?

Have newsletters been developed and circulated about the program? How often?

Have special programs (films, slides, tapes, demonstrations, speeches) been developed and presented to interested civic and service groups in the community and throughout the state? How often are they presented?

What kinds of technical reports have been developed and circulated about the program and its component parts?

Have program outlines and guides been developed and circulated to other interested agencies and organizations for use and evaluation?

Specific Impact of the Program

What impact has the program had upon the local community? Parents? School personnel in the district? People in the business community? Others?

Miscellaneous

What are the greatest strengths of the program? Greatest weaknesses? Problem areas?

Projected changes for the program and approaches for the future?

Areas of greatest disappointment in the program?

Areas of greatest progress in the program during the past year?

Camp Counseling On Wheels

by Woody Woodworth

I'm sure many veteran campers aspire to someday becoming counselors, and such was my case, only for me the transition was not easy.

Born with spastic cerebral palsy, I had been a camper for fifteen years at both day and residential camps for the physically disabled. During my senior year at high school, I applied for a job counseling at the residential camp. After seven years of camping there, I felt I knew the program well. Besides, I had become interested in rehabilitation and wanted some practical experience. The reply was discouraging. Counselors, I was told, were required to perform physical tasks far beyond my capabilities.

This rejection caused me to do much soul-searching and to weigh my liabilities against my assets. I am somewhat dependent myself and so would be limited to assisting others. I can do a great deal for myself, more than one would expect, but perhaps my biggest liability is not being able to feed myself. Doubts arose in my mind. Would I really be able to contribute enough to compensate for my handicaps?

Woody Woodworth, born with cerebral palsy, was a camper for fifteen years before breaking the tradition and becoming a disabled counselor.

Perhaps I was reaching too high. I realized my limitations, or, at least, thought I did, but there was still that unexplainable desire to give of myself in some way. Granted, physical ability is important when working with physically disabled children, but still there just had to be some way I could contribute. I remained a camper for two more years, offering suggestions to anyone who would listen, and hoping that someday, somehow, conditions would change.

Then it happened; a new unit was opened by nearby Camp Henry Warren for the severely disabled. It was under the direction of Frank "Coach" Robinson. This was a project supported by the Massachusetts Easter Seal Society.

In September I sent a letter to the coach expressing my strong desire to become a counselor. All I could offer was my years of experience. A shot in the dark, perhaps, but what did I have to lose?

In late spring the eventful call finally came in reply to my third inquiry. "He's definitely on the staff," I heard my mother say. The coach said I would receive more details by mail, and that he'd stop by to discuss the particulars.

When he came, he said, "If you will commute for the first two weeks, we'll find room for you." He added that, since all counselors had to report a day before the campers arrived, I should come prepared to stay the night. This was better than I had hoped, but, as I soon found out, it was only the beginning.

Despite my many years of camping, I still had much to learn. I had always gone to camps exclusively for the handicapped, but this was different. Here the disabled campers stayed in one cabin especially adapted for them, while able-bodied campers, ranging in age from 7 to 16, occupied four other cabins. It was actually a dual camping program. The Easter Seal Society provided funds to staff its unit while other staff members were provided for the other section. Here was a great potential for the disabled youngsters to develop the social skills needed to live in a nondisabled society. We integrated the able-bodied with the disabled campers when possible. Interaction between both groups were encouraged during free time and meals.

Each counselor was assigned to assist in a certain activity. They gave me a job of editing the camp newspaper and handling publicity and public relations for the camp.

This was a job, not a vacation. The odd thing was that once I convinced myself of this, I began having the time of my life. Here I was, actually contributing in a way I had never thought of. I spent much time with the campers. Even when typing I was in the center of things.

From the start I was to create a new image of a disabled person. On the first night the other counselors kept asking me if I needed help in preparing for bed. They were so amazed at all I could do. "When I need help, I'll ask," I assured them. They were not there to cater to me, and I had to prove, both to them and to myself, that I could pull my own weight. I noted that whenever I was around, they were cautious not to utter four letter words. If I were to be considered an equal, this had to stop. The misconception of the "handicapped saint" soon vanished. I became one of the guys.

And what great guys they were. Along with fostering integration, they gave their all to achieve the goals of fun and independence for each camper. They were more than willing to assist me. Sometimes on late nights when I was dog-tired, they thought nothing of doing things for me which I normally could do for myself.

Acceptance by my fellow counselors and those who daily volunteered was relatively simple. But those who only occasionally came to help naturally thought of me as a camper unless told otherwise. I recall one hot day, during the second week of camp, I decided to go for a swim with the others. As I headed for the cabin, propelling myself backwards with my feet, I met Jerry, a volunteer, who pushed me the rest of the way. It greatly surprised me when, after

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entering the cabin, Jerry asked the counselor Danny Tangney, "Who's his counselor?"

"Those are fighting words, Jerry," warned Danny with a laugh, "Woody has no counselor, he *IS* a counselor." Jerry would never forget that day for whenever I saw him after this I would jokingly inquire, "Hey Jerry, who's *YOUR* counselor?"

Some of the younger campers had difficulty thinking of me as a counselor. One evening just before supper, some of the able-bodied campers were playing street hockey on the patio. Tom, one of our campers, had expressed a desire to play. When I informed him of the game, he hesitated saying, "I'll watch, but I won't play," and then added, "and don't you say anything either."

He went on ahead and I followed. The dinner bell rang before I reached the patio, and so I started back up the hill to the dining room. Tom caught up with me and it was evident that he was depressed.

"Boy," he remarked, "if one more kid stares at me, I'm going to say something not too nice."

"Oh?" I replied, "And what was your first reaction when you saw me, or someone like me? Didn't you stare?" Tom and I had something in common. He was a sophomore at the hospital school where I had graduated two years before.

"Yes," he admitted after a moment. He then realized that staring, though not polite, was a natural thing.

I became intensely mindful of the importance of integration. Obviously not all our campers could participate in physical competition, but most could compete in intellectual activities. This prompted me to hold all-camp chess and checker tournaments. Many of the disabled campers entered and a few, my friend Tom included, became camp champions.

Along with regular activities, we also tried to provide our campers with experience which they normally wouldn't get. Some lived in institutions. Others, because of conditions at home, were unable to be socially active. On rainy days we might go shopping, take in a movie, or bowl at the local alleys. Simple activities like these were real treats, and we were grateful to those who put themselves out for us.

The entire summer was a profitable experience for me. I'm certain I gained much more than I gave. Perhaps the most gratifying thing that happened was when camp officials received a short note near the end of the season. It was from Steve, a camper from the first session. He had not been the most enthusiastic camper. To get him to participate in any activity was a chore, but he assured us that he had enjoyed himself. As a result of my being a counselor, Steve now wanted a job. He was now seeking what I had found.

Impossible dreams are funny things. A strong determination can often make them come true.

Camp Hidden Valley

Camp Hidden Valley, the Fresh Air Fund's camp for boys and girls 8 to 12 years of age, is a pioneering demonstration of creative camping for handicapped and able-bodied children. Some camps accept a few handicapped children in a program designed for the able-bodied; others accept a few able-bodied children in a program designed for the handicapped. We believe Hidden Valley to be the first camp to provide for equal numbers of handicapped and non-handicapped children—an integrated kind of camping in which all children are treated as equals.

Children are accepted for the Fresh Air Fund's free camping program on the basis of need. They come from crowded, impoverished areas, from homes beset with illness and personal problems.

Children accepted for the Hidden Valley program are not only the orthopedically handicapped but also children with a wide variety of disabilities. Last summer, campers' disabilities included arthrogryphosis, asthma, behavior and emotional disorders, cerebral palsy, cerebral palsy with epilepsy, epilepsy, deafness and subnormal hearing, congenital deformities and anomalies and post-operative conditions, heart diseases, juvenile arthritis, osteomyelitis, post-polio crippling, resistent rickets, sickle cell anemia, sight defects and spina bifida.

Children are referred by hospitals, settlement houses, and other community agencies and screened by the Fund's medical advisory board: chairman, Samuel S. Sverdlik, M.D., director of the Department of Physical Medicine and Rehabilitation, St. Vincent's Hospital; representative of the Fresh Air Fund Board of Directors, Leona Baumgartner, M.D., Commissioner of Health, New York City; Bernard Shulman, M.D., director of pediatrics, St. John's Episcopal Hospital, Brooklyn; James Sheehan, M.D., Pediatrician, Ridgefield, Conn.; Katherine Dodge Brownell, M.D., director of the Manhattan rheumatic fever and cardiac program, Bureau of Handicapped Children, New York City Department of Health; and William Benham Snow, M.D., director of physical medical services, Columbia Presbyterian Medical Center.

At Hidden Valley there are no obvious *program* considerations granted for the handicapped children. They live, eat, sleep, and play with able-bodied campers and are expected to perform tasks and take part in activities under the simple designation of *camper*.

In camp *design* there are some concessions to campers' handicaps, but the overall effect is that of a rugged, outdoor camp, not a hospital or a rehabilitation center. For instance, there are ramps to buildings to accommodate wheelchairs, and steps and railings at the swimming pool, but their purpose is not explained to campers and they are accepted as part of the surroundings, with no questions asked.

Prior to the camping season, the staff is briefed on the nature of the various disabilities and precautions that they must take regarding medication and care. Staff members are trained to look after each child's individual needs without the other campers noticing any special attention.

In all its camps, the Fresh Air Fund practices decentralized camping, with emphasis on small group living in the outdoors rather than on organized athletic competition. This type of camping is readily adapted to the Hidden Valley program. The tent group of counselor and five or six children—handicapped and able-bodied—plans its own day-to-day activities within the general framework of the camp program. This gives the children an experience in congenial group living which often is missing from their home life.

Imperceptibly, group activities are changed where necessary from the normal camping procedures so as to minimize differences in campers' physical capabilities. For example, to create group cohesion on a hike, the counselor slows the pace by pointing out aspects of nature to the group. This gives all campers a better enjoyment of nature. At the same time it gives a slower moving handicapped camper a chance to keep up with the group and lessens the danger of over-fatigue. At cookouts, the various jobs are delegated equally, but the ones that might be dangerous for the handicapped fall unnoticeably to the able-bodied. When it comes to swimming, it is not uncommon to see a handicapped camper outdo his non-handicapped buddy.

For the physically handicapped, Hidden Valley is a closer facsimile of ordinary society than the situations to which they are accustomed. In a healthy, fun-filled atmosphere they learn to cope with the same kind of problems they will encounter as they attempt to integrate themselves into society. Thus they can gain the insight, capacity, and courage to overcome the problems of adapting to the demands of outside society.

Along with the handicapped child learning to adjust, it is necessary for

At the model farm at the Herald Tribune Fresh Air Camps, youngsters are able to milk a cow, brush calves and sheep, watch chicks hatch, and plant a garden for the first time. The knowledge they have learned from books—milk comes from cows, wool from sheep—takes on new meaning when it is associated with experience. Animals are borrowed from neighboring farmers.

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the able-bodied to learn to accept the handicapped. Hidden Valley also strives toward this end. On the city streets, able-bodied children's attitudes toward the handicapped run the gamut from pity through disdain to ostracism. By sharing camp life with the handicapped they quickly learn their similarities as human beings. Negative feelings tend to disappear as group living takes hold and the handicapped prove their worth.

The lasting impact of the program is often seen in the two weeks that the child is at camp. Last year, for example, an 8-year-old boy with spina bifida came to camp very shy and withdrawn. But before the end of his first real group experience he was wearing a perpetual grin and wanted to talk to everybody. A post-polio girl with her crutches and frail leg progressed from a self-consciousness about her appearance and limitations to become one of the most popular campers once she realized that she could get along amicably with the rest of the group. The cerebral palsied boy with an ambulatory involvement was much slower than the rest of his group but, in finding his place in the group, he exhibited heretofore unknown qualities of leadership, judgment, and intelligence. The severe asthmatic girl who had been sheltered so much that she doubted her ability at anything was overjoyed with her success in the group activities she undertook.

The Fresh Air Fund (formerly Herald Tribune Fresh Air Fund) has headquarters at 300 West 43rd Street, New York, N.Y. 10036. Frederick Howell Lewis is executive director. Larry Mickolic, associate director of the Fresh Air Fund and camp director, can be contacted at the same address.

Both handicapped and able-bodied children go home from camp with new and reinforced determination to achieve a gainful place in society. Through this program, The Fresh Air Fund is helping to demonstrate how the physically handicapped and able-bodied can live graciously together.

Specifications for The New Camp Hidden Valley

Prepared by The Fresh Air Fund staff in consultation with a special committee set up to advise on the construction of the camp. The committee is made up of John J. Untereker, medical director for the Institute for the Crippled and Disabled; Chester A. Swinyard, associate director of Children's Division, Institute of Physical Medicine and Rehabilitation; and Edith Buchwald Lawton, also of that Institute and a technical advisor on installations for the handicapped.

The objective of the new Camp Hidden Valley is to create an atmosphere which stimulates individual creativity, effective group living, and a boundless variety of activities, skills, and new knowledge through small group non-competitive camping. Its purposes are:

1. To provide experiences for handicapped children that deepen and enrich the important human experience of respecting individual differences, in a setting involving both handicapped and able-bodied children.
2. To help each child find new strength of both body and spirit.
3. To provide opportunities for both handicapped and non-handicapped that introduce them to new skills and new and positive relationships.

Campers are underprivileged boys and girls, ages 8 to 11, whose parents are unable to provide a summer vacation. There are 60 handicapped and 60 able-bodied children per encampment. The counselor-camper ratio is one to five. The handicapped child accepted for Hidden Valley must be able to care for his daily needs, to function within his physical limitations, to dress and toilet himself, and if he wears an appliance, to adjust it to his needs. Provisions are made for wheelchair cases and for the blind. The camp operates for three 3-week periods.

The land in the general physical camp area is generally level, but some rough natural terrain challenges children with handicaps. Ramps lead from camper quarters to pool, dining hall, showers, recreation hall, crafts—to all major areas; levels of ramps are carefully considered for crutch and brace so children do not find them too steep and difficult to manage. Toilets have arm supports. Handrails are provided where necessary in camp (in areas of traffic). There are crutch racks in the dining hall, recreation hall, crafts shop, etc. Doors are wide enough for wheelchairs.

Specific Areas and Program Facilities

Camper Quarters

A village is a complete unit containing shower, washing and toilet facilities, rainy-day room (library, table games). No food facilities. 30 children.

Cabins (three to a village) are individual living units. Cabins—for ten campers and two counselors each—are divided into two parts serving five campers and one counselor each. There are three such cabins to a village. Cabins have a simple outdoor fireplace for cookouts. They are light and airy but free from drafts; some provision is made for a temporary heating device for warmth on chilly days and during sudden changes of weather.

Pool

Large enough to serve adequately two villages—approximately 50 persons at one time. Shower house—part of the pool area. Complete filter system. Heating—70 degrees—apparatus. Ramp leading into pool (low end) for wheelchair cases. Handrail around sides of pool. Crutch and appliance racks. Co-ed facilities.

The Fresh Air Fund, founded in 1877, is and always has been an independent charitable corporation. Its free vacations for needy city children of all races and creeds are supported entirely by the public.

Craft Shop

Kiln for ceramics. Darkroom for photography. Work tables for simple wood projects, weaving, sewing, finger painting. Proper use of simple basic tools—hammer, saw, plane, etc.

Recreation Area

Shuffleboard (revised dimensions for handicapped), croquet court, paddle ball, volleyball, bocci, dancing area, short court—basketball with lower hoop, softball—short bases, horseshoes, badminton, and tetherball.

Dining Hall and Recreation Building Combined (upper and lower level)

Indoor shuffleboard on table or floor or both. Several table tennis tables. Place for movies, dramatics (stage), library (both regular and braille), talking books, music room, tables for games, checkers, monopoly, etc.

Barn and Nature House and Garden

To provide for animal care: sheep, cow, geese, ducks, chickens, donkey and cart. Nature house—to store, exhibit, and plan nature program. Garden—vegetables and flowers.

Nature Trail

Plan for various scents and touch sensations to provide a course for the blind to follow. This trail is interesting and challenging for handicapped and non-handicapped.

Overnight Lodge

Trail leads to overnight lodge to give children a goal to achieve. Sleeping and cooking out accommodations.

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May 1971.

Making Exceptional Children a Part of the Summer Camp Scene

Camp directors can help handicapped children cope with real life by assuring success in the camp setting

DOREEN KRONICK
Director, Integra Foundation, Toronto, Canada
(sponsor of Camp Towhee)

Camp directors have been hesitant to absorb exceptional children into their setting. They have been concerned about their ability to handle the children medically. They have questions about the adequacy of their physical plant and maturity of their staff. They wonder whether the campers and their parents will react negatively to handicapped cabinmates. They wonder what kind of special knowledge they must have, what referral procedures should be effected, and what assistance can be expected from local agencies.

Certainly every director will not find his camp suitable to undertake such a program. However, if we are to contribute to the self-sufficiency, productivity, maturity, and happiness of the vast numbers of our handicapped population, many of us must attempt to service these children. By teaching them to meet the demands of everyday life we prepare them to cope with the stresses of tomorrow. And we enrich the lives of our other campers as well.

It has been our experience that integrating some handicapped and exceptional children into our normal camp has been of great worth, both for the nonhandicapped and for the special children. In many cases the handicapped or exceptional children have spent their lives being sheltered and overprotected at home, attend "special" classes and thearpy groups with other "special" children. They experience their first real opportunity to learn to live with their normal peers at camp. The ability to master the living situations of camp is an important step in the direction of functioning in society at large.

The special child often has a past history of repeated failure in whatever he has attempted. At camp he is confronted with a new physical, social, and learning experience in a nondemanding, informal setting, in which he may achieve his first successes. With success, his self-esteem and his ability to communicate improve, and consequently so does his ability to behave in an acceptable fashion.

Having a "special" child in a cabin can be a positive learning experience for our nonhandicapped campers. This can be a lesson in empathy, acceptance, and the realization of the integrity of each human being. Just as sleeping beside a youngster of different race or nationality can help a child appreciate his sameness and humanity, so can a special child teach an invaluable lesson to his cabinmates.

It is necessary to interpret to the cabinmates, and other campers, if the need arises, the worth of the special camper, his right to experience an enjoyable, meaningful summer, and the role they can play in implementing this. We explain that everyone does not function as well as they would choose in some areas, giving examples, and that the handicapped camper has limitations of function, which must be accepted as such. Whenever the handicapped child cannot participate in a cabin activity we provide an alternate activity. This averts resentment on the part of his cabinmates, which can occur when they are held back from their regular activities. If the situation is handled judiciously, the nonhandicapped campers react positively toward the special child.

When approached by parents of a handicapped or exceptional child, we are faced with the difficult tasks of assessing the degree of the child's impairment, deciding whether he *could* benefit from a camp situation, and whether the camp chosen should be a nonhandicapped or special setting.

If the child is under the care of an agency such as a crippled children's center, family service agency, psychiatric clinic, or institute for the blind or deaf, the camp director should request a detailed report. It should consist, in part, of the child's abilities, disabilities, particular problems related to his impairment, specific methods of handling him, the extent of his special training, his social ability, and his readiness to cope with a nonhandicapped situation. If the child is not receiving treatment from an agency or clinic, the schools are able to furnish considerable information on his ability to handle himself, and, in some cases, to give details of his psychological assessment. At the close of the summer the camp should be prepared to furnish a report to the agency or clinic, so that they can maintain a twelve-month picture of the child's progress.

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Although the parents or agency may have approached the director concerning placement of the child in camp, it is still customary for the parents to experience considerable anxiety at having the child be away from home in a relatively unsheltered setting. The child, as well, frequently is the product of years of overconcern and overprotection and anticipates the forthcoming camping experience with a mixture of enthusiasm and fear. Therefore, the camp director must be prepared to devote extra time to the family interview. Many fears will be reduced if the director takes the time to explain in detail his medical services and practices, physical facilities, meals, demands made of campers, staff qualifications, and program. The prospective camper will feel more comfortable if he is given a picture of a typical day's activities, a description of the cabin in which he will live, and a detailed description of the trip to camp, from the time he leaves home until he is settled into his cabin. The director must assist the parents in "letting go" so that their child can begin to acquire the skills of independent living.

Information solicited from the child and parents should include: (1) ability to relate to peers, (2) things child does well and enjoys, (3) concerns and fears, (4) things child and parents are looking for from a summer at camp, (5) child's adjustment to new situations, (6) how child feels about his handicap, (7) special assistance required in dressing, toileting, making bed, eating, medical attention required, ability to move around, special equipment required, and (8) special handling of behavior disorders.

One of our criteria for accepting a child is the likelihood of his eventual integration into the nonhandicapped community. We question whether the effort involved in accommodating a severely handicapped youngster equates the benefits gained. However, in serving the moderately to minimally handicapped, the ability of the child to cope with a nonhandicapped setting is not dependent upon the type of handicap, but rather upon the degree of socialization the child has achieved. Some important points to consider are: has the child spent some time in a special class, clinic, camp wherein he has received remedial or rehabilitative treatment, learned to handle himself, cope with and *accept his disability*? Is his primary need at this point a setting in which he will receive intensive therapy, or one wherein he can undergo a social experience? If the former is the case, he should attend a special camp.

Staff and Program Must be Flexible

There is often concern on the part of the director about the adequacy of his physical plant, if he is to accept handicapped youngsters. It has been found that facilities meeting American Camping Association standards suitable for nonhandicapped children are sufficient for those with a disability, provided leniency and extra time to move from place to place are allowed.

The suitability of a camp for the integration of handicapped children will not be as dependent upon program orientation as upon maturity of staff and flexibility of programing. However, specific program orientations tend to lend themselves more effectively to specific handicaps. In other words, the orthopedically handicapped might be unable to cope with a work camp, but its program conceivably could be enjoyed by the deaf, learning disabled, emotionally disturbed, and educable mentally retarded. A group centered camp generally is well suited to the integration of exceptional and handicapped children, since there is close supervision of staff and campers and the child is under the continuous care of his cabin counselor. Within such an approach, competition is generally minimized and allowances are made for the pursuit of individual interests as well as cabin centered activities. In brief, staff-camper ratio, a noncompetitive atmosphere, and the willingness of the staff to provide alternative programing and handling are vital requisites for a successful experience.

The supervisory staff of the camp should be prepared to provide the counselor with sufficient information concerning the child's care before the season and be accessible for extra direction and support throughout the summer. Sending agencies can play a valuable role in providing ongoing advice to the camp and counselor for the duration of summer. Camp directors can educate agencies to the importance of this role by requesting specific assistance from them.

Discretion should be used in supplying information to the counselor. He needs to know the specifics wherein his handling of the camper will differ from the care of a nonhandicapped child. The counselor need not be overburdened with technical terminology or extensive material on the etiology of the handicap.

Special children have needs, likes, dislikes, fears and hopes as do their nonhandicapped counterparts. However, their differentness is rarely limited specifically to their handicap. They reflect their parents' reaction to their disability, the attitude of the community to them, and their own feelings about their handicap.

The camper should be encouraged to try new, acceptable modes of behavior, be self-sufficient, use initiative and effort. He should be given responsibilities and activities in which he can achieve success. He can be helped to learn to live with himself and develop a philosophy of life. An exceptional camper will often hover on the periphery of the group, and extra effort may be required to make him a functioning member of the larger group. Camping is a relaxed, unhurried, uncomplicated, but structured and organized living situation. It offers the child an opportunity to experience realities of nature, contrasted to the abstracts he encounters in school. This in itself can be of great therapeutic and educational value to the special child.

Since many directors are not willing to accept such campers into their camps, those who are become overwhelmed with applications from special children. Their camps threaten to adopt the characteristics of a "special" setting which negates the original purposes. Therefore, it is imperative that every director survey his situation with the thought of making these children an integral part of the normal camp setting.

programs for handicapped

The Blind "See" the World of Nature on the Braille Trail

To the person who can read this magazine, the world of nature is something to see. But what would the world of nature be like if we could not see? The following article tells what one department did for those people who, although blind, can "see"—not with their eyes but with their fingers, ears, noses, and mouths.

LOUIS A. CABLE is superintendent of recreation for the Bucks County Department of Parks and Recreation, Doylestown, Pennsylvania.

The Bucks County (Pennsylvania) Department of Parks and Recreation recently opened a Braille Trail during Nature Exposition Day at the Churchville Outdoor Education Center. The Braille Trail consists of a carefully laid out route 1,000 feet long, through both wooded and open areas. The trail follows some of the center's already existing nature paths, which have been cleared of dangerous objects and poisonous plants and blanketed with wood chips. The sightless may safely travel the trail alone by following a nylon rope, always held in the right hand.

At the start of the trail the walker is provided a braille walk book which was written by the center staff. Eleven scheduled stops along the trail are marked by posts. The number carved into the slanting top of each post corresponds to a section of the guidebook, which tells the walker where to "look" —overhead, underfoot, in front, or in back. The guidebook offers detailed, sensitive descriptions of the "sights" at each station which excite the senses of pleasure by sound, touch, taste, and smell. It is hoped that eventually small cassette tape players may be used, describing nature's changes on an almost week-to-week basis.

This adapted facility was realized through community effort under the coordination of Harry C. Volker, Jr., the department's full-time resident naturalist at Churchville. The Bucks County Association for the Blind and Handicapped, which works with over 300 sightless or visually impaired individuals in the county, reviewed and printed the braille walk book. Sears, Roebuck and Company of Philadelphia donated the hardware and rope which act as a guiding hand along the trail. The posts were erected and the cover of wood chips was laid along the trail by several local Boy Scout troops.

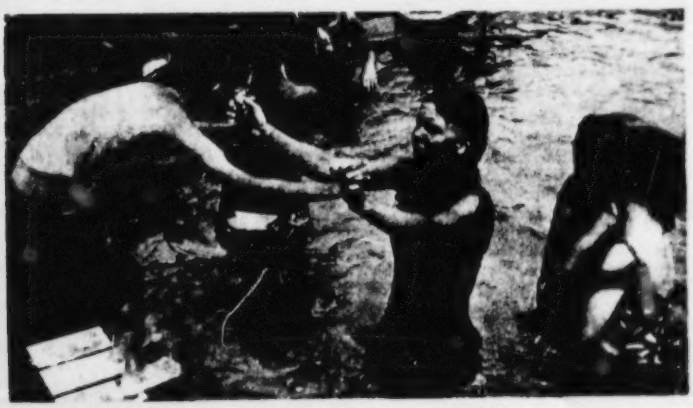
The 1,000 feet of this trail will provide miles and years of memories for those who cannot see. The trail is open to all, sighted and sightless, residents and nonresidents. Even school groups

may be blindfolded to help them improve their other senses and appreciate the world of the sightless.

Anyone interested in obtaining a copy of the *Braille Walk Book* may send 50¢ for printing and handling to the Bucks County Department of Parks and Recreation, Administration Building, Doylestown, Pennsylvania 18901.

ANCHOR Program—

Answering the Needs of Children with Handicaps through Organized Recreation



Emphasis is on *children* at Camp ANCHOR where Hempstead (New York) Town Department of Parks and Recreation houses its six-week summer recreational program for the handicapped. ANCHOR is one of the few programs in the country in which both physically and emotionally handicapped children participate together according to age. *Children first, disabilities second* is a reality at Camp ANCHOR. Everything—groupings, volunteers, program—aim for the overriding goal of social integration into one's peer group as children are helped to help themselves by helping each other.

Camp ANCHOR is nestled against the ocean at Lido Beach. Its obvious

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gaiety, induced by multi-colored tents, swimming pools, and rolling surf, belies the fact that carefully supervised recreational programs are in progress. Conscious effort is made to create a joyful atmosphere to counteract the joyless lives many of these children lead. All of the recreational facilities, the arts and crafts program, and the entire physical layout are conducive to bringing the handicapped out of their shells to mix with others. Many for the first time can relax with their peers.

ANCHOR was initiated three years ago with one winter center and 75 youngsters. It now has three year-round facilities and an oceanfront site, Camp Anchor, to accommodate 400 campers who range in age from 6 to 21.

Aside from the festive atmosphere and the camp's varied activities, the number of blue-shirted teenage volunteers immediately strikes any observer. Ranging in age from 14 to 18, the teens volunteer five days each week during their vacations for the entire six-week program. Generally the same age as campers, they reinforce the goal of working and playing with one's peers, usually the first sign of healthy maturation.

Virginia Farrell, a 14-year old volunteer who helped in the wading pool, became interested in the project because her brother attended ANCHOR camp. After four weeks she showed interest in a career working with the handicapped. "I had wanted to be a teacher, but I think this is much more rewarding," Virginia feels. She also plans to volunteer for the winter program.

Doug Baylis, Hempstead Town's coordinator of the ANCHOR program, praises the unselfishness and contributions of the 125 volunteers who assisted 70 staff members at the camp. Baylis says enthusiastically, "We just couldn't operate without them. They handle themselves like adults after a while. Our campers really love them. It makes it so much easier for the campers to relate to youths their own age. It also hastens their own identification."

The staff is particularly pleased with the development of 12 handicapped youngsters who assisted as volunteers. Baylis continues, "We watched these kids closely, and the results were highly encouraging. These youngsters usually cannot function fully under the stress of normal society, but they're totally accepted as part of our family. This acceptance has given them the confidence and security they need."

Camp ANCHOR has a diversified program rarely offered in privately run camps. One group might be at the ocean wading in well supervised areas, another could be struggling over the obstacle course, while others are at music classes, dabbling in arts and crafts, or hitting golf balls. The ANCHOR program has been cited by the President's Committee on the Handicapped as one of four national pilot projects to be used as prototypes for other communities.

Alexandra Olliphant, an arts and crafts specialist, summarizes her four-week experience. "I've worked in other government sponsored programs, but I've never seen anything approaching the professionalism of the staff and the facilities we have here. Camp ANCHOR is a very rewarding experience."

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Will-A-Way Recreation Area

Will-A-Way Recreation Area in Fort Yargo State Park, Winder, Georgia, is an outdoor area specifically designed to allow complete movement and participation of impaired, disabled, and handicapped persons in outdoor recreational activities. These persons are served in three ways: (1) group camp provides complete living and program accommodations; (2) day use area accommodates daily visitors with opportunities to fish, swim, picnic, boat, and enjoy play and game apparatus; and (3) family cottage area has vacation-style cottages available for rent on a short-term basis to families who wish to stay overnight.

Most park areas present obstacles to physically impaired persons—steep slopes, steps, uneven walks and narrow doorways. These barriers have been eliminated at Will-A-Way to provide complete freedom of movement.

All persons who are impaired, disabled, or handicapped are welcome to use the specially designed outdoor recreation areas. Family members and friends accompanying the impaired person are also welcome. Visitors to the park who are not impaired, disabled, or handicapped, and who are not accompanying such a person are invited to use the other recreation areas at Fort Yargo State Park.

The 1680-acre Fort Yargo State Park, just south of Winder, Georgia, is the *home* of the special area for the impaired, disabled, and handicapped. Although one section of Fort Yargo has been especially set aside for this special population, other recreation areas in the park are open to able and disabled alike.

This pilot project was made possible by the State of Georgia, the Bureau of Outdoor Recreation, and a special grant from the Contingency Reserve of the Secretary of the U.S. Department of the Interior. For additional information about Will-A-Way contact Recreation Coordinator, Fort Yargo State Park, Winder, Georgia 30680.

Facilities

Games and equipment: shuffleboard, horseshoes, carpet golf, and wheelchairs are available. Game equipment requires a deposit which is refundable upon return of the equipment. A special Visitor Center has been established where equipment may be obtained.

Fishing boats: fishing boats with electric motors may be rented.

Fishing: the lake is open to legal fishing throughout the year.

Playground: playground equipment and a spray pool for tots are provided for use at no cost.

Picnicking: picnic tables and grills are available at no charge on a first-come, first-served basis.

Nature trail: a ½-mile walk through a variety of interesting areas marked with interpretive signs makes the visitor aware of the rich diversity of flora and fauna within the park. A *Nature Trail Brochure*, available at the Visitor Center, tells the story of the plants and animals that may be seen along the trail.

Family cottages: three family cottages are available for rent to families which have an impaired, disabled, or handicapped member. Cottages are fully equipped for housekeeping, including electric stove and refrigerator, with all necessary cooking and serving equipment and linens. During summer months the family cottages may be rented by the week only with a two-week limit.

Group camp: camp capacity is 258 persons and may be rented by any nonprofit health-serving agency that wishes to conduct a short-term camping program. The group camp is complete with housing, cooking-dining, and program buildings.

Dream boats: rental boats are available.

Swimming: swimming is permitted only when lifeguard is on duty. □

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